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THE UNIVERSITY OF ALBERTA

A VIEW FROM THE OTHER SIDE: THE EXPERIENCE OF ANOREXIA NERVOSA

BY

© JUDITH ELAINE JAMES

A THESIS
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To Mom and Dad

Throughout my childhood, youth and adult years, I have had the unyielding love and encouragement of my parents, no matter what I have chosen to do. I am convinced that this feeling of support gave to me the belief that I could be whatever I wanted to be. Through their incredible wisdom, they have allowed me to find my own way, and as a result of this inadvertently guided me toward the respect for and appreciation of others. I therefore with deep love and thanks dedicate this manuscript to my father, and to the memory of my mother.

ABSTRACT

The present study investigated the experience of anorexia nervosa by exploring the life-worlds of women who have experienced this phenomenon, have found an exit from the experience, and have moved on to more fruitful and healthful lives. It was generative in nature in that its various creations and distinctions extend theoretical postulates. Five women who considered themselves recovered from this phenomenon participated in conversations with the author. A hermeneutic approach was utilized in which the focus remained with each woman, in the way she processed or organized her world as it reflected the requirements of living in it. These conversations were then analyzed for themes or patterns common to all participants' distinct being in the world. The patterns were further located in terms of the particular time dimension within the anorectic experience, so that the evolving process could be highlighted. The dialogue with these women yielded ten conversational distinctions: a mind set, changes, into the driver's seat, the anorectic path, the conspiracy, treating the symptom, lower is better, hitting bottom, wanting out, and moving forward. What became apparent within the women's experiences, was an intense struggle to find a way to continue living in, and connecting with their worlds. Movement from this experience occurred when the women's constructions of their worlds began to crumble. This opened a space for new creations, new ways of behaving.

The foundations of radical constructivism formed the contextual frame, the epistemological backdrop for the investigation. As such, the distinctions brought forth within this exploration were discussed in relation to the constructivist view, and in particular in relation to the writings of Humberto Maturana. Application to the therapeutic encounter was speculatively considered.

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To the five women who agreed to share their worlds with me, I extend my deepest appreciation and respect.

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I. INTRODUCTION

Prologue

The following is an excerpt from a letter I received from a young woman who had experienced anorexia nervosa and who was now moving on to more fruitful and healthful creations. She was sixteen when she first embarked on her "pursuit of thinness." When we first met she weighed 91 pounds sparsely spread over her five foot five inch stature. She was obviously shy and frightened, her voice quavering as she began telling me her story of a journey into desperation. We met over a period of two years.

> It is now three years since I walked into your office; fearful, reluctant but knowing I needed help. I had effectively stopped growing up for a time.
>
> About a year before seeing you, I began losing weight and believed it was my answer - to push away the problems I had encountered in growing up. It seemed so easy. For the first time, I felt in such control of my life. No one could force me to eat and face the world. They were concerned and I could bathe in the attention they gave me. However, this control quickly turned into a nightmare, a prison where I found increasing turmoil locked in my ever thinning body. I could find no exit, no way out that made any sense. I couldn't give up the secure little girl I wanted to remain, but I couldn't escape the increasing feelings of loneliness and desperation.
>
> It was a long, hard struggle, but slowly the light started coming in and the prison doors opened to new fields and paths.

All the parts that make me a whole person began to emerge. At times I wanted to retreat back behind the walls, but I knew I would tiptoe out again. I could let go of that little girl, which had never really been there for me to keep.

I am now feeling secure enough about me that I am able to venture freely in the world. Through it all, I learned that appreciating me for who I am is the most precious gift that I can give to anyone.

The Question

Food is not just a body fuel but has many symbolic meanings and connotations. Food is not only a necessity for an infant's survival, it is closely intertwined with the earliest social interaction between parent and child. As a satisfier of hunger, a provider of body energy food means health, growth and nurturance. These effects and associations help explain why for some individuals thoughts and feelings about food are overpowering. Food offers a means of coping with stress, and obliterating, for a short time at least, all the problems of living.

Whether initiated consciously or unconsciously eating behavior can become dangerous. The focus around food can become addictive or all consuming. In this way, food remains a necessity, but paradoxically it can also threaten health and affect everyday existence. Amongst the eating disorders, anorexia nervosa is a manifestation of this apparent contradiction.

It is estimated that approximately one percent of young women in Canada between the ages of 12 - 18 years are currently suffering from anorexia nervosa. Individuals who experience this phenomenon claim dissatisfaction with their body shape and are extremely fearful of weight gain.

Anorexia nervosa is characterized by excessive dieting, which is often accompanied by an intense exercise regime. Even with persistent ~~comments from~~ others, most individuals fail to acknowledge how underweight and undernourished they are. They continue to "feel fat" and view their body as overweight even with the most skeletal of appearance. They suffer from both a physical and an emotional deterioration. Their reality defies logic and their life becomes a creation which is incomprehensible to the rational mind. For some, years of existence is found in the balanced flirtation between life and death. For a few, death is the only exit from their prison. For others, the opportunity emerges in which new constructions of a reality can be created.

The present investigation looks to the latter group in an attempt to understand what it means for these women[1] to have experienced anorexia nervosa, and now moved on to more fruitful and healthful creations. The basic question is more specifically addressed through the following questions:

1. What the experience of anorexia nervosa was like for these women;
2. In what way did these women find an exit from their experience of anorexia nervosa; and,
3. What is the experience of a new and present way of life for these women without the ongoing experience of anorexia nervosa.

---

[1] While predominantly a female phenomenon, anorexia nervosa is also experienced by a small percentage of males. For the purpose of this investigation, the focus will remain with women, and hence the feminine gender will be utilized.

The question emerged for the author through a "half knowing," an experiencing of women's suffering as it has been revealed by them in therapy. It also emerged from a "lack of knowing," the recognition of a body of knowledge which provides at best, a rough sketch of a disorder based on a collection of hunches and anecdotal observations. While anorexia nervosa has been isolated as a distinct "disease" entity with criteria established for its diagnosis, understanding of the woman's experience remains vague and disjointed. The remedy is simple. All the sufferer must do is eat. Unfortunately that is the one thing she will not do and she will use every possible means to avoid it. Her relentless "pursuit of thinness" becomes her fortress which protects against forces of opposition. We have named the fortress but the phenomenon which lies within remains elusive.

The nature of the study question seeks a deeper understanding of the life-experiencing of these women. It moves beyond the fortress walls. It demands insight into the women's embeddedness in a world which stands in strong opposition to those around them; their way of exiting from this embeddedness; and, their experiences and creations as they move from their embeddedness.

The study is generative in nature in that its creations and distinctions extend theoretical postulates. It departs from the traditional territory of causal explanation, lawfulness, and prediction directed by a detached position with its assumption of objective independent knowledge. Instead, it situates the question in an alternate world view, where experience and dialogue about individual experience is valued. It entices us to move beyond a label or diagnosis, to sense the alternativeness of human possibility.

Chapter II provides the contextual frame, the backdrop for the exploration. It speaks to the legitimacy of the question, and situates it within the ideas of radical constructivism. Reality is viewed as a construction or creation, an ordering of a world through experience. Constructivism acknowledges the importance of dialogue such that reflection, description and meaning become central to the understanding of another's universe. A world constructed is a world brought forth or created through our operations in language, as opposed to a world discovered. Further, constructivism acknowledges the participation of the questioner and the impossibility of the questioner to stand objectively outside the experience which is brought forth. In this sense, it embodies an observer-observed unity in the construction of the resulting dialogue as it emerges through an interpretive encounter.

Chapter III describes the hermeneutic approach, chosen for its consistency with the constructivist view. The focus remains with the women, the way they process or organize their world as it reflects the requirements of living in it - how they act and react, what they feel and perceive. It values a "not knowing" on the part of the questioner, an openness to understand and embrace another's world. Chapter III further describes how the question was asked, how the parameters of the question were explored and brought to meaning.

Chapter IV presents the themes, the patterns of distinction as they spoke to this author from the conversations with five women. The decision to present the themes in story form, and to include multiple quotations, came from a desire to portray and acknowledge the intensity and depth of each woman's intimate struggle. This was a painful chapter to write, as the women's experiences were indeed anguishing. In trying to come to grips with their struggle, I came to a deep appreciation of the women's formidable strength, determination and courage, as they fought for a place in their worlds. In paying tribute to them, it is important that their spirits live within these pages.

Chapter V represents a standing back, a reflecting upon the story told. As this dissertation is generative in nature, the distinctions brought forth deserve comment. Thus, in chapter V, the themes are discussed in relation to the constructivist view. The author ponders the ideas about the construction of a reality in general, and more specifically, the construction of individual realities which invite therapeutic intervention. Application to the therapeutic encounter is speculatively considered.

II. THE CONTEXTUAL FRAME

> What one sees will always be shaped by the world in which one is presently operating. To view an alternative world requires being in that world.
>
> Keeney, 1983, p. 15

Each of us holds a world view that governs the way we organize the patterns and forms of the world around us, as well as the way we interact with our world (Bateson, 1972; 1979; Keeney, 1983). For example, as a psychologist, if part of my way to view the world is to see psychological distress as an illness, then I will see persons who experience such distress as having psychopathology. As such, I may respond to them by prescribing specific treatment, or recommend seclusion. In other words, my way of seeing directs my way of behaving. Further, I may validate or modify my perceptions by matching them with the perceptions of others, under the notion that there exists an independent objective knowledge.

Much of our Western thinking, much of our world view, has been fashioned by the substance and form philosophy of Aristotle; the matter and spirit dualism of Descartes; and, the mechanistic lawfulness of Newtonian physics. These philosophies gave credibility to the assumption that reality exists independent of us, and that given the right conditions or knowledge, the laws of reality can be discovered and predicted with certainty. This search for objectivity and truth, has led the scientific community to develop procedures - scientific method - for objectifying observation to the exclusion of human bias or experience (Kuhn, 1970; Segal, 1986; Zukav, 1979). Such a world view has been exemplified by the psychiatric nomenclature and the classical medical model of psychopathology. It is not surprising that anorexia nervosa finds its initial identification and explication within this world view.

As a background to the proposed question and an orientation to the world view which often confronts women who have experienced anorexia nervosa, three areas brought forth through traditional distinctions will be addressed: terminology, epidemiology, and clinical picture. An alternate world view will then be presented. The foundations of radical constructivism will form the contextual frame, the backdrop for the present investigation. This epistemological position best expresses the author's world view which consciously or unconsciously contributes to the direction of this exploration.

Traditional Distinctions[2]

Terminology. An eating disorder is a disturbance in eating behavior that jeopardizes a person's physical and psychological health. Throughout history specific types of these disorders have been identified in the medical literature. Anorexia nervosa can be traced back to the 11th century when the Persian physician Avicenna described a young patient who was treated for what now is thought to have been anorexia nervosa. Cases suggestive of anorexia nervosa appeared in writing through the Middle Ages, when it was attributed to possession and witchcraft (Cauwels, 1983).

---

[2] The author would like to acknowledge Sheila Davidson for her contribution to this section, as portions originally appeared in our co-authored paper, Anorexia Nervosa - An Etiologic Riddle (Unpublished manuscript).

The first clear medical report was offered by Richard Morton in 1689. He described a seventeen year old female patient as "a skeleton only clad with skin" and termed her condition "nervous consumption." In 1874, Sir William Gull in England and Charles Laseque in France concurrently but independently described similar cases and coined "anorexia nervosa" as a distinct medical entity (Lucas, 1981; Palmer, 1980; Silverman, 1986). Therefore, anorexia nervosa cannot be called a new phenomenon.

The historical designation of anorexia nervosa has survived, although it has become the "umbrella term" to cover a variety of clinical manifestations. Various names and proposed definitions have resulted in diagnostic and semantic controversy. Rather than bringing greater clarity, the different terminologies have created confusion, plaguing interpretation of the research.

Anorexia nervosa translated from the Latin means "nervous lack of appetite." It is a misnomer in that the sufferer rarely loses appetite but is hungry and, in fact, is obsessed with food (Garner, & Garfinkel, 1985; Levenkron, 1982; Long, 1987; Sacker, & Zimmer, 1987). The cardinal feature of the syndrome is a wilful and covertly triumphant pursuit of thinness that often leads to a life-threatening weight loss. There is also an unusual ability to suppress or tolerate hunger feelings, though a propensity for binge eating episodes followed by vomiting or purgative behavior may exist(Casper, et al., 1980; Fairburn, & Garner, 1986; Vanereycken, & Pierloot, 1983).

Anorexia nervosa is viewed as a pathological syndrome characterized by a combination of psychological, and physiological disturbances. Controversy however, existed around the distinction of anorexia as a syndrome (primary anorexia) and anorexia as a symptom (secondary anorexia). Secondary anorexia occurred in the presence of other major psychopathology such as schizophrenia or depressive disorders, while primary anorexia could not be diagnosed in the presence of other psychopathology. As a result of this, some preferred the terms "typical" and "atypical" anorexia, on the grounds that it could be assumed that primary anorexia could occur in conjunction with other pathologies (atypical anorexia). Furthermore, anorexia nervosa was considered to consist of two distinct clinical forms, according to whether the presenting symptoms were (1) abstinence of food, or (2) bulimia - self induced vomiting or purging following a binge eating episode (Calloway, Fonagey, & Wakeling, 1983; Fairburn, & Garner, 1986; Long, 1987; Pyle, Mitchell, & Eckert, 1981; Russell, 1979; Sacker, & Zimmer, 1987).

The term bulimia is derived from the Greek and translates into excessive or "ox hunger." This can be misleading in that the binge eating pattern has not been demonstrated to be the result of voracious appetite. Like anorexia, bulimia was used to describe both a syndrome and a symptom. The syndrome referred to a peculiar cluster of features characterized by a pattern of episodic binge eating (Harris, 1983; Garner, Garfinkel, & O'Shaughness, 1985; Sacker, & Zimmer, 1987; Striegel-Moore, Silberstein, & Rodin, 1986). It was deemed a symptom when secondary to other psychiatric diagnoses.

Bulimia appears to be closely related to anorexia nervosa, in that, approximately one-half of patients have reported bulimic behavior (Casper, et al., 1980; Crisp, Hsu, & Harding, 1980; Edelman, 1981; Garfinkel, Moldofsky, & Garner, 1980a; 1980b). Furthermore, approximately one-half of bulimic patients have reported a past history of anorexia nervosa (Pyle, Mitchell, & Eckert, 1981; Striegel-Moore, Siberstein, & Rodin, 1986).

An ever-recurring problem in the comparison of data on anorexia nervosa arises from the variety of criteria utilized for clinical diagnosis and research. The Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition (American Psychiatric Association, 1980) should have aided in this clarification. It listed anorexia nervosa and bulimia as distinct syndromes and stipulated that bulimia could not be diagnosed if the diagnostic criteria for anorexia nervosa was fulfilled. That is, anorexia nervosa "trumped" bulimia. However, the DSM-III did not list anorexia or bulimia as symptoms in the classification of psychiatric disorders or syndromes. The result was a proliferation of terms and definitions offered by various researchers in efforts to identify specific sample groups in their study. These have included amongst others: bulimarexia (Harris, 1983), bulimia nervosa (Russell, 1979; Fairburn, & Garner, 1986), sub-clinical anorexia nervosa (Button, & Whitehouse, 1981), binge-eating syndrome (Wardle, 1980), and dietary chaos syndrome (Palmer, 1979; 1980). Other investigators suggested that eating disorders should be conceptualized as a spectrum spanning anorexia nervosa, bulimia, and compulsive overeating (Andersen, 1983; Szmukler, 1982; Stiegel-Moore, Silberstein, & Rodin, 1986).

The revised edition of the DSM-III (American Psychiatric Association, 1987) has attempted to rectify this confusion. It now suggests that anorexia nervosa can be diagnosed in the presence of bulimic features, such as sporadic binge eating or self-induced vomiting. As well, bulimia (now referred to as bulimia nervosa) can have symptoms associated with anorexia, such as periods of food restraint. Excessive exercise is also considered to be a form of purging behavior. Furthermore, anorexia nervosa and bulimia nervosa can now be diagnosed in in conjuction with other psychiatric disorders or syndromes.

Epidemiology. Since the earliest medical reports, anorexia nervosa has been more often reported in affluent societies than in developing countries (Luca, 1979; Orbach, 1986). However, developing countries lack trained personnel and/or focus in identifying this disorder. With greater expertise, a syndrome of self-starvation might well be detected within the social and economic starvation. In affluent societies higher prevalence amongst caucasion upper and middle class families compared to other racial and socio-economic groups has been noted (Wolfish, 1984). Some studies however have shown a more normal racial and economic distribution (Hsu, 1987; Mann, et al., 1983; Morgan, & Russell, 1975; Orbach, 1986; Silber, 1987). Skewed findings may be more indicative of selection factors than actual prevalence. As Silber (1987) suggested, the prevailing stereotype of anorexia nervosa being the white, middle class disease may conspire against detection and early diagnosis in other racial and economic groups.

Anorexia nervosa has been more often noted in adolescent females (Bruch, 1988; Orbach, 1986; Wolfish, 1984), but 5 - 10% of cases have been reported in males (Andersen, & Mickalide, 1983; Kiecolt-Glaser, & Dixon, 1984; Vandereychen, & van der Brouche, 1984). Cases have also shown in children and older adults (Bewis, 1978; Bruch, 1973; 1988; Fosson, et al., 1987). Researchers speculate that the incidence of anorexia nervosa is increasing and the estimated death rate of 5% for hospitalized patients is also taking an upward turn (Pope, Hudson, & Yurgelun-Todd, 1984). As Kaplan and Woodside (1987) pointed out, the mortality rate of anorexia nervosa is one of the highest in psychiatry. Though the overall mortality rate directly or indirectly related to anorexia nervosa shows varied estimates, more recent reports suggest 9 - 21% (Kaplan, & Woodside, 1987; Pope, Hudson, & Yurgelan-Todd, 1984) as compared to earlier estimates of 7 - 15% (Lesser, 1960; Sours, 1969).

Improved detection and more consistent reporting of anorexia nervosa may, in part, account for findings of apparent increase in incidence. The incidence has been estimated as high as one in one hundred in the high-risk group of 12 to 18 years (American Psychiatric Association, 1987; Garner, & Garfinkel, 1985; Long, 1987). Some evidence has been suggested that within "restricting" and "bulimic" subgroups, the mean age of onset may vary. For example, Levenkron (1982) found that the bulimic groups tended to develop symptoms at a later age (15 - 18 years) as compared to the restricting groups (12 - 15 years).

In a study of U.S. high school teenagers, Johnson (1982) reported that 52% of young women had dieted by age 14: 14% could be considered chronic dieters, 4% resorted to self-induced vomiting and 16% were binge eaters. A more recent U.S. study reported that 80% of young females had dieted by age 10 (Sheraton, Harbison, & Wurmstedt, 1986). Winthin Canada, a survey of over 5,000 women between the ages of 12 and 22 years indicated that 22% of these women were obsessed with not only fears of weight gain, but of appearing "fat" (Leichner, et al., 1986). Of those that go on to develop the full fledged syndrome of anorexia nervosa, research suggests they are typically of higher intelligence and academic standing (Bruch, 1988; Orbach, 1986; Willi, & Grossman, 1983). However, these findings are largely derived from anecdotal case study information.

Anorexia nervosa has also been reported as being more common in several teenage occupation and activity groups, such as ballet dancers, gymnasts, and models (Crago, et al., 1985; Yates, Leedey, & Shisslak, 1983). A survey of a Canadian professional ballet school found that 7% of the enrolled students were anorexic (Garner, & Garfinkel, 1980). Eating pathology within these subgroups seems linked not so much to the stressful nature of the occupation as to the emphasis on weight and appearance. As well, pathology typically begins after the person has entered the subculture (Crago, et al., 1985; Richert, & Hummers, 1986).

While epidemiological research has been effective in alerting us to the fact that anorexia nervosa extends well beyond a few isolated cases, incidence and prevalence statistics are usually based upon highly selected groups. Random sampling with detailed assessment of the general population presents obvious problems, and as such, has rarely been attempted. The statistics on incidence and demographic details are fraught with shortcomings. As well as sample biases, discrepancies in terminology, definition, and diagnostic criteria may affect the overall findings.

Clinical Picture. Anorexia nervosa is a disorder involving all body systems. The individual can present a perplexing and complicated picture with a variety and mixture of signs and symptoms. Weight loss is the central sign, and fear of weight gain is the central symptom of the disorder. Diagnosis is based on a progressive weight loss of at least 15% of the premorbid normal body weight (American Psychiatric

Association, 1987). Amenorrhea occurs in 100% of female cases and may occur before weight loss (Andersen, & Michalide, 1983; Bruch, 1988). Were it not for the fact that there is no analogous symptom in males, one might well argue that this should be considered a "core" sign.

Besides the obvious emaciation other visible manifestations of the disorder may include: lanugo, skin discoloration, loss of hair, loss of fingernails, tooth decay, sore throat, hoarseness, and "chipmunk" face. Furthermore, individuals may offer a combination of complaints including: insomnia, sexual disinterest, irritability, constipation or diarrhea, light headedness, fatigue, cold extremities, bloatedness, weakness and hyperactivity. Starvation and stress reactions may account for many of these signs and symptoms as may bizarre dietary habits, vomiting and purgative abuse. However, this comprehensive picture is rarely presented in the literature.

One must extrapolate from the medical data the various physiological findings that explain the clinical presentations. These findings involve: epigastric distress, polyuria, electrolyte imbalance, hypothermia, anemia, low blood pressure, edema, carotenemia, hormonal imbalance, cardiac abnormalities, metabolic disturbances, gastrointestinal dysfunction, and salivary gland swelling (Backett, 1985; Crisp, 1985; Dempsey, et al., 1984; Harris, 1983; Kaplan, & Woodside, 1987; Lennon, et al., 1987; Niiya, et al., 1983; Nisita, et al., 1986; Taylor, Lawrence, & Allen, 1986). These problems most frequently reverse with renourishment, however, some may lead to chronic or fatal complications. Fatalities can occur through aspiration pneumonia, circulatory collapse, pancreatitis, or esophagus/gastric rupture. Researchers have considered that the refeeding phase is critical in that caution against fatal rupture and cardiac arrest is necessary as the body adjusts (Powers, 1982: Rock, & Yager, 1987).

Despite their morbid desire to avoid eating, individuals experiencing anorexia nervosa spend an extraordinary percentage of their time thinking about food. Bizarre eating habits may include severe restriction of food intake, bulimia, self-induced vomiting, laxative abuse, food hoarding, and monotonous or bizarre diets. Appetite rarely vanishes; it may be normal or exaggerated but it is generally denied or misperceived. Some women take extreme pride in resisting hunger (Bruch, 1988; Garner, & Garfinkel, 1979; 1985; Orbach, 1986). Dieting sometimes begins in response to unkind comments from others about weight or appearance. Anorexia may also be initiated from temporary weight loss due to a mild illness in an individual contemplating dieting. In fact, it is estimated that about one-third of women are slightly overweight before becoming ill (Garfinkel, et al., 1983).

Distorted body image is an almost universal finding in individuals experiencing anorexia nervosa. Many women insist they are overweight when in fact they are emaciated. Sophisticated research techniques have documented that women with anorexia invariably overestimate their body size (Casper, Offer, & Strover, 1981; Crisp, 1983). However, it should be noted that body image distortion is not exclusive to women experiencing anorexia nervosa. More recent control studies have found that women generally overestimate their body size and emphasize feelings of "fatness." In fact, there appears to be no significant difference between anorexic groups and normal controls (Collins, 1987; Huon, & Brown, 1986; Thompson, 1987; Thompson, et al., 1986).

Almost as striking, and as common as body image distortion, is excessive physical activity which most individuals with anorexia nervosa demonstrate. Intensive exercise for hours on end, such as calisthenics, running and swimming is not unusual (Chalmers, et al., 1985; Epling, Pierce, & Stephan, 1983; Orbach, 1986; Richert, & Hummers, 1986; Yates, Leehey, & Shisslak, 1983). Such exercise regimes are often performed in secrecy to avoid interference from others.

Emotionally, individuals have been described as overly sensitive, introverted, perfectionistic, secretive, selfish, and extremely stubborn. It has also been suggested that they experience a sense of ineffectiveness, have deep fears of incompetence and feel they are not deserving of respect. However, excellent scholarship is common and their teachers are apt to think of them as model students (Bruch, 1978; Orbach, 1986). Some individuals have been described as having a devotion to ascetic causes (Doell, & Hawkins, 1982). Those with bulimic symptoms have been noted to have problems with kleptomania. The item most frequently stolen by these women is food (Casper, et al., 1980; Hsu, 1980). Obsessive-compulsive, hysterical, hypochondriacal, schizoid, and depressive symptoms frequently are reported in the literature. However, there is disagreement over whether a valid anorexia personality profile exists (Crisp, 1980; Swartz, 1984; Wolfish, 1984).

Due to the anecdotal nature of many studies and the number of inconsistencies found between them, it is difficult to describe the classical portrait of parents and family of the individual experiencing anorexia nervosa. The following characteristics, however, have appeared in the literature.

Mothers have been observed as frustrated individuals often preoccupied with nutrition and eating behavior (Crisp, Harding, &

McGinness, 1974; Halmi, Struss, & Goldberg, 1978). They have also been described as overbearing, and over intrusive (Bruch, 1978; Humphrey, 1986; Minuchin, Rosman, & Baker, 1978; Selvini-Palazzoli, 1978; 1987).

Fathers have been described as being preoccupied with physical appearance and proper behavior both in themselves and their children (Bruch, 1973; 1978; Rowland, 1970). They have also been considered to be particularly rigid in their high expectations and demands for self-control (Crisp, Harding, & McGinness, 1984; Humphrey, 1986). Others have portrayed the fathers as passive, withdrawn and ineffectual individuals, preferring to disregard or flee from domestic conflict (Cantwell, et al., 1977; Kalucy, et al., 1977; Selvini-Palazzoli, 1978; 1987).

Both parents have been described as success and achievement oriented expecting high standards of excellence for their children in scholastic, athletic, or interpersonal endeavors (Bruch, 1973; 1978; Crisp, et al., 1980; Lehmann, 1982). They were also observed to use intrusive control and denial of individual needs to deflect conflict and construct a facade of a loving, cohesive family (Harding, & Lachenne, 1986; Humphrey, 1986; Minuchin, Rosman, & Baker, 1978; Strober, & Yager, 1985).

Although the above patterns can be observed amongst some families with anorexics, a more recent control study indicated at least six different and distinct family patterns that can exist (Grigg, & Friesen, 1989). These ranged from the "perfect family," similiar to that described above, to an openly hostile and conflictual pattern of relating. Furthermore, of the six family patterns identified, three were also observed to exist within "normal" control families. This would suggest that there is no one family pattern unique to anorexia nervosa. While many familial features have been observed, it is difficult to determine if these pre-exist the syndrome, or if they emerge as further complications.

Anorexia nervosa varies from a single episode to a life-long chronic condition. Any given woman who experiences this "dis-ease" may have some or more of the aforementioned symptoms and behaviors. Although clinicians may encounter cases that contain the "classical" description, rarely are all the pieces neatly combined in one case.

As might be expected, the diversity of observation has generated several theories of etiology (Bryant, & Bates, 1985). Currently, there are five major theoretical perspectives organized along different conceptual levels. Each theory has attempted to provide its unique interpretation in an attempt to explain this curious phenomenon. These perspectives include organic, psychodynamic, family, behavioral, and social theory. While each has provided an alternate view with speculation of possible factors contributing to anorexia nervosa, at present, it retains the description of a multi-factorial pathology of unknown etiology (Gardner, & Garfinkel, 1982). Although anorexia nervosa has generated much research in the pursuit of contributing factors, in essence, our appreciation of the experiencing individual remains as oblique as in the days when its manifestation was attributed to demonic possession.

Radical Constructivism: An Alternate World View

Radical constructivism challenges the traditional world view by asserting there are no observations, no "true" reality, independent of the observer. As von Glaserfeld (1984) asserts, it is "radical because it breaks with convention and develops a theory of knowledge in which knowledge does not reflect an 'objective' ontological reality, but exclusively an ordering and organization of a world constituted by our experience" (p. 24). Radical constructivism, therefore, proposes an alternate way of perceiving and knowing our world. Within this frame, we do not operate with an aboriginal reality, an a priori reasoning, independent of our own minds or the minds of those who precede or accompany us (Bruner, 1986). Constructivism emphasizes the circular or recursive organization of ideas, experiences and social events, and as such, is attuned to complexity, context and interrelations. It places the observer in relation to that which is observed.

Constructivist thought has evolved through the observations of a growing number of scholars and scientists from varying disciplines. The more prominent contemporary proponents of this epistemology include anthropologist Gregory Bateson (1972a; 1979), psychologist George Kelly (1969), Jean Piaget (1959) and Paul Watzlawick (1984), psychologist-philosopher Ernst von Glaserfeld (1984), mathematician-physicist Heinz von Foerster (1984a), and biologists Humberto Maturana and Francisco Varela (1980a; 1988).

A radical constructivist position on anything is a position invented and acted upon by an observer (von Foerster, 1984b; 1986; Watzlawick, 1984). It provides us with a view of self-reference and lends credibility to many forms of "reality." Accordingly, we become active participants in our created worlds, rather than passive recipients of an objective world. It is assumed that an observer-created universe may involve experience that is shared and agreed upon by many observers. As von Foerster (1986) suggested, our ideas about the world are shared ideas, consensually arrived at and mediated through our culture and language. He therefore defines reality as a "consistent frame of reference for a least two observers." However, the sharing of a given observation or experience does not negate alternative realities. As such, radical constructivism presents us with the ethical consideration of how we as observers participate in the construction and maintenance of our experiential universe. Importantly, constructivism replaces the notion of objectivity with that of personal responsibility.

The Observer. If our environment, as we perceive it, is our invention, the question arises as to how such constructions come about. Humberto Maturana's[3] (1978; 1983; 1984; Maturana, & Varela, 1980a; 1988) work comprehensively addresses this question. He provides a biological rationale for the position that we are unable to know a world other than the one we as observers bring forth. His ontological biology has been viewed as a productive, if not somewhat provocative, foundation for the social sciences (Dell, 1982a; 1982b; 1985; Mahoney, 1989; Simon, 1985; von Foerster, 1984c; 1986). Maturana begins with biology and neurophysiology and leads us to an holistic understanding of human endeavor. As Dell (1982a) proclaims, Maturana "simultaneously integrates perception, cognition, learning, language, and communication with a new understanding of the human condition" (p. 64).

Maturana contends that observation is bound to the biology of the observer. He arrived at this view through research on the physiology of vision. He challenged the accepted notion that there was a direct correlation between what we perceive and the object to be perceived. Instead, he approached perception by treating the nervous system as a self-enclosed entity where input from the outside acts only as a kind of general triggering. This position was uniquely demonstrated in an experiment first conducted by Sperry (1945), and later considered by Maturana and his colleagues (Lettvin, et al., 1959). This set the direction for his theory of living systems.

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[3] It should be noted that Maturana does not identify himself as a constructivist, but prefers to be referred to as a "bring forthest" (Tomm, K., 1989 - in personal communication).

In the process of studying the frog's retina, the optic nerve was cut and the frog's eye rotated 180 degrees. Later when the incision healed and a moving insect was placed in front of it, the frog directed its tongue around in an attempt to catch the insect as if it were behind it. It was discovered that the frog's eye consisted of specialized cells. Amongst these were asymmetrical, edge receptors that could respond to insects moving across the visual field from left to right, but not from right to left. Repetitions of the experiment suggested that the frog would starve before discovering where the insect actually was. This seemed like compelling evidence that perception was not a direct mapping of the outside world, as in a photographic picture, but rather what is perceived is determined by the nature of the organism's internal structure. In this sense, the frog was responding in a manner consistent with its internal programming. This and other experiments on color vision, led Maturana to the conclusion that we cannot experientially distinguish between perception and illusion. As Maturana (1983) suggested, "to distinguish between those two is external to the experience. Either somebody else tells you, or you resort to another sensory experience which you choose to believe more." Of course, someone else telling you, is in itself just another sensory experience and hence, bound to the observer.

The realization that the object cannot be a validation of an experience, allowed Maturana to crystalize his thinking around the central premise and its consequences in his conceptualization of living systems. "It is the circularity of organization that makes a living system a unit of interaction, and it is this circularity that it must maintain in order to remain a living system" (Maturana, 1980a, p. 9). Maturana contends that living systems are like homeostats, where the organization of the entity is the critical variable which must remain constant. While living systems are dynamic and undergo continuous structural change, the organization is circular in as much as the natural drift of the system is continued realization of identity. In other words, the structure of an organism can change, which it continuously does, as long as its organization is conserved. The term autopoiesis (self-producing) was coined by Maturana (1980a) to describe this circular process whereby living systems develop and maintain their own organization.

If the organization of a living system is circular, then it follows that it is also closed, not thermodynamically closed but organizationally closed. An organizationally closed system is unable to directly receive information from the environment, in that, it does not function in terms of specific input and subsequent output. Rather, it responds in a manner in which it recursively folds back upon itself. A significant consequence of this is structural autonomy (self-reference) where the system creates itself in an internally consistent fashion, or as Keeney (1983) describes, "it feeds upon itself like the recursive snake eating its own tail" (p. 84). An autonomous system functions in accord with its structural individuality. When it interacts with its environment, it is the structure of the organism that determines how it will respond, not the structure of the environment. Or, as Maturana (1984) would explain, it is the structure of the system which specifies its "domain of perturbations." A system is therefore structure-determined.

To translate to the realm of human interaction, we do not simply take in information from our environment and respond accordingly. In any given interaction, our environment may trigger a response, but each of us will respond in our own unique way because of the way we are put together, and in a manner which preserves our identity. This holds true for every interaction, whether it be watching a movie, reading a book, painting a picture, or involving ourselves in conversation with others. Each of us brings to interactions our own unique individual history which incorporates the conservation of organization (ie. those invariant relations between components) and adaptation (ie. the coupling of oneself with the medium in which we exist). It is our individual personhood which specifies what we will interact with and how, and as such, the movie, book, picture, or conversation has no existence or meaning apart from that given to it by us as observers.

While we live in a world where we function in a structurally determined fashion, this does not mean we can specify or predict how our future (our ontogeny) will unfold. Maturana (1980a) asserts that our career as living systems consists entirely of a purposeless "drift" in a particular medium or "ontogenic niche." There are continuous complementary shifts in response to changes which occur both internally and within our environment, such that every interaction, every successive moment, impacts us in some way and hence, alters future behavior. However, the way we are impacted is unpredictable. This is why for Maturana, instructive interaction (where A unilaterally determines how B will respond) is an impossibility. Our behavior at any point in time is the total sum of our existence, in connection with everything that has come before, and everything currently existing in our universe (Maturana, 1984; Maturana, & Varela, 1980a; 1988). Further, because we are structure-determined, we behave perfectly. We behave in the only way we can in relation to our particular circumstance.

Although instructive interaction is an illusion, we continue to accent our experience in a manner which ascribes cause and effect to successive events. We observe regularities within our environment, and in order to make sense of our world, we create expectations or hypotheses. However, as Maturana (1978) explains, the fundamental phenomenon of structure-determinism is structural coupling (ie. the relation of complementarity between a unity and its medium). All structure-determined unities must be coupled to the world in which they exist, in order to exist. Therefore, all interaction involves a structural coupling between systems, which sharing a domain of existence, must accommodate (adapt) one to the other. It is this process which allows an organism to continue living in its environment, and which gives us the organized universe in which we exist.

As structure-determined systems we are able to interact because our structures mutually specify that we can be perturbations for one another. When two living systems interact recurrently both change so that the behavior of one and the behavior of the other is congruent. This results in what Maturana (1984) refers to as the "consensual coordination of actions." In other words, the more we interact, the more richly coupled we become, so that regularities or patterns of behavior begin to emerge. As Dell (1985) suggests, it is our ability to "fit" or couple our structure with the structure with which we are dealing which gives us the "psychological" experience of causality.

Structural coupling among living systems is somewhat analogous to a well improvised progressive dance. Each partner accommodates his/her movements to the other as they mutually execute their interpretation of the dance. The dancers become caught-up with one another, and as the dance transforms, each has the sensation of being able to anticipate the movement of the other. They progress in a unique way and begin to co-evolve a closed pattern of interaction (an interactional system) which continues unless, or until, the coupling breaks down. At this point the dance stops.

As complex living systems, we as human beings participate within many different cognitive and phenomenal domains, many different domains of structural coupling. As such, I can simultaneously be a daughter, a sister, a student, and a professor. Our inherent plasticity allows for varied interactions, perturbations, and structural changes without loss of identity. The only prerequisite for any interactional system, is the willingness or desire among participants to engage in recurrent interaction. If this condition is satisfied, a social domain emerges through what Maturana (Maturana, & Tomm, 1986) calls the "passion for living together." As with the dancers, we become caught-up with one another. This is neither lineal or circular causality; it is co-existence.

Within human beings, it is the phenomenon of structural-coupling which further leads to the emergence of language. Language is an elaboration of the recurrent interactions with others in our medium (Maturana, 1978; Maturana, & Varela, 1988). Language is not separate from us, we are in language and we live through it. As such, it is constitutive of our existence as human beings.

Maturana differentiates language from linguistic behavior, in that linguistic behavior is the consensual coordination of action as exemplified in the progressive dance, but without the possibility of reflection about the dance. Language, however, allows us to act as observers. Human beings are observing systems who distinguish, describe and delineate in words or symbols. We draw distinctions in order to observe, and we draw distinctions upon distinctions in order to describe what we observe. As such, language enables us to perceive the dance and make comment on it.

The world in which we exist as observers is always a world which arises within a social context. It is the domain of recurrent social interactions which provides the opportunity for us to make recurring distinctions, and which provides the possibility of creating a consensus with other observers around those distinctions. As Maturana (1979) notes, "everything said is said by an observer to another observer, who can be himself or herself" (p. 31). As such, our experience of nature is shaped by the conceptions formed in discourse with others, of which the other could be oneself (self-reflection). Language, thus, becomes a medium for organizing our experiential world and placing meaning on it. Through a consensus around our individual descriptions, we achieve joint reference, a kind of solidarity with another.

It is through language that we are able to know our world. Language enables us to create physical boundaries, functional groupings, conceptual categorizations such that it gives us the illusion that we can look outside of ourself to see a separate world. However, like the universe we are part of, language is a closed domain. It acts as a constraint on us, in that we can never step out of our domain of activity, our operation in language, to know a world separate from us. All observations, descriptions and interpretations are determined by our individual structures not by the medium observed, thus they can never be a grasping of an objective truth. As Glaserfeld (1984) suggests, it is only when our individual constructions of the world break down, that we have a glimpse of other possibilities, other constructions. He therefore claims, all we can ever know about the "real" world is what the world is not.

Maturana's ontology of structure-determinism leads to the epistemological consequence that objective knowledge is biologically impossible. We can never know an absolute reality uncontaminated by our own unique blue-print. What we know is always a function of our autonomous self in interplay with the world we encounter. As Maturana (1978) notes:

> Knowledge implies interactions, and we cannot step out of our domain of interactions, which is closed. We live therefore, in a domain of subject-dependent knowledge and subject-dependent reality.... In fact, any knowledge of a transcendental absolute reality is intrinsically impossible; if a supposed transcendental reality were to become accessible to description then it would not be transcendental because a description always implies

> interactions and hence, reveals only a subject-dependent reality (p. 60).

Thus, the impossibility of objective knowledge becomes not only a philosophical reflection, but a constitutive biological condition. For this reason, Maturana insists that the world as we know it is our creation, that reality is something we bring forth in harmony with our individual nature. The particular reality brought forth depends upon the distinctions we draw as observers. Meaning is generated within our descriptions which are based on the particular distinctions we choose, the particular story we tell from a variegated museum of possible stories. What we speak in turn reflects back on us as structural perturbations, and as such become part of our lived experience, our individual history, our personhood. So in effect, our constructions at any point in time are the transformation of previous constructions already made, previous versions of our world that we have taken as given.

As human beings immersed in language, we live in what Maturana (1984; Maturana, & Tomm; 1986) refers to as a multiverse rather than a universe. What we speak is our reality. We possess our world through language such that language and reality are inseparable. As such, our individual stories are both unique and legitimate. "In a multiverse, truth is not objective and unitary; rather, it is manifold. Truth, then is manifest to the observer in each and every distinction which he or she draws" (Dell, 1985, p. 17). It is not that one story is more correct or more truthful than another. All stories are equally valid and equally truthful. It is only in consensus with other observers that one story can become valued over another. However, achieving consensuality can never be our channel to the objective or absolute, it can only be our means of mutually enjoying or destroying the world around us.

Consequences and Ethical Considerations. While radical constructivism is just another story told and in itself only another constructed version of our world, it brings with it a new way of seeing and appreciating life. It provides a different way of being, a different way of looking and listening, a different way of creating. However, every world view has its consequences.

Without objective knowledge comes uncertainty, the recognition that objective truth cannot be my saviour or my dagger. But uncertainty opens doors to other possibilities, other choices. It allows us to see that the world in which we live can be different, if we choose to live and act differently. This is potentially liberating in allowing each of us to tap our own creative potential.

With liberation comes responsibility. Within a constructivist world, if I take action or condone action against another, whether that be showing respect or scorn, giving life or restricting life, promoting peace or war, I alone must accept responsibility for my act. As Maturana (1980b) acknowledged, "In man [woman] as a social being, all actions, however individual as expressions of preferences or rejections, constitutively affect the lives of other human beings, and hence, have ethical significance" (p. xxvi).

The world in which we live is a world brought forth in relation to and with others. As such, if I am in conflict with another I cannot hold to what for me seems like truth or certainty, because that would negate the other person. As Maturana and Varela (1988) suggested, "a conflict is always a mutual negation" (p. 246). Therefore, if desired, the only possibility for co-existence is to find a way to create a broader perspective, a different domain of existence in which both parties can mutually bring forth a common world. When there is flexibility in one's distinctions and an openness to another's world, there is dialogue and with dialogue there is the possibility for accord. This compels a humility, the opening of a space for another, an acceptance and appreciation of another's uniqueness as their world braids with ours. This act is what Maturana (1980b) referred to as "love." Without the acceptance of others in existence beside us, there is no social process, and hence, no humanness (Maturana, & Varela, 1988).

Within the context of this dissertation, radical constructivism provides a new terrain in which the stories of women who have experienced anorexia nervosa can unfold. It acknowledges the importance of dialogue, the distinctions drawn in language, as it reveals the activity of the women. It values the uniqueness of their experience in the particular way they interpret and place meaning on it. As well, constructivism encompasses the observer-observed unity, the impossibility of the questioner to stand objectively outside that which is questioned. Understanding the study question evolves through the melding of the questioner's world with the world of each woman. It endorses the process of mutuality in the creation of resulting themes.

III. THE ENCOUNTER

> To understand any realm of phenomena, we should begin by noting how it was constructed, that is, what distinctions underlie its creations.
>
> Keeney, 1983, p. 21

In moving to a constructivist position, traditional methodologies become inappropriate in addressing the study question, as they presuppose a means of gleaning the objectively valid. As such, the author employed an approach which best suits and incorporates the constructivist view. Dialectical hermeneutics is briefly outlined, followed by the process involved in bringing this thesis into realization.

Dialectical Hermeneutics

Hermeneutics has to do with bridging the gap between the familiar world in which we stand, and the alien or strange meanings or constructions which we strive to assimilate into our world. Its roots are found in the Greek verb hermeneuein which generally translates as "to interpret." It brings to mind the wing-footed messenger-god Hermes, whose task was to bring to human understanding that which seemed unintelligible. The hermeneutical therefore finds application in all situations where we encounter meanings that are not immediately understandable, but require interpretive effort (Linge, 1976). It provides an avenue in which consensuality around meanings can be achieved.

Modern usage of the term hermeneutics dates to the 17th century when principles of interpretation were employed to harmonize obscure meanings of religious texts with the tenets of faith. However, since this time, the field of hermeneutics has evolved considerably (Palmer, 1969). Application of contemporary hermeneutics depends upon an affiliation with one of two diametrically opposed traditions. One tradition, along the lines of Schleiermacher and Dilthey, restricts the field to a generation of methodological principles underlying interpretation, thus assuming objectively valid knowledge. The other tradition, as set forth by Heidegger and Gadamer, questions the possibility of objective knowledge and views hermeneutics as a philosophical exploration of the nature of understanding. The present study draws primarily upon the hermeneutic phenomenology suggested in Gadamer's work.

Gadamer (1975; 1976) conceived of hermeneutics as the ontology and phenomenology of understanding. That is, understanding is viewed as an ontological process, a basic way of being in the world. The key to understanding is an openness and participation in an event as it discloses itself in language. It calls forth a willingness to surrender oneself to the encounter and in doing so to risk one's assumptions in order to see other possibilities. As Palmer (1969) explains:

> [One] is not so much a knower as an experiencer; the encounter is not a conceptual grasping of something but an event in which a world opens itself up to [one]. Insofar as each interpreter stands in a new horizon, the event that comes to language in the hermeneutical experience is something new that emerges, something that did not exist before. (p. 209).

Gadamer emphasized the historical dimension in understanding. Each of us brings to the process of understanding a personal history, a particular way of seeing our world. Our past defines the ground we occupy when we encounter the present. As such, the phenomenon of understanding is intrinsically temporal, it is always in "relation to" or "in terms of" our immersion in a tradition.

It is because we are bound to tradition, shaped by the past in an infinity of unexamined ways, that there is no possibility of presuppositionless interpretation, no possibility of objectively valid knowledge. However, it is precisely because of our prejudgments, our preunderstandings that we are able to be open to experience. One must have preunderstanding in order to have the knowledge of not knowing, in order to form a question which invites the transformation of previously held assumptions. Coming to an understanding therefore is not a reconstruction of another's world, but rather it is a process of interaction, a progressive mediation between the questioner's self-understanding and the event which is encountered. This process, known as the "hermeneutical circle," forms the basis of the dialectical nature of understanding.

We possess our world through language and, as such, it is the medium in which our tradition, the individual distinctions which underlie our experience, reveals itself. It is the common ground through which two individual horizons can meet to create a shared world, a shared understanding. The hermeneutical experience finds expression in the formation of a comprehensive horizon in which the questioner and the questioned unite. It presupposes that both conversational partners are concerned with a common subject matter, a common question, about which they converse. Like all genuine dialogue, this involves equality and active participation in what is said. It is characterized by an openness to the other, a willingness to hear another's viewpoint and in doing so to risk one's own position, one's own constructions. The process of grasping the study question involves being provoked by the subject matter, so that the interpreter in turn is questioned by the interaction.

Embedded in the hermeneutic encounter is the experience of negativity, the knowledge of not knowing, the realization that something may be different than once assumed. It draws upon the interpreter's creativity, the capacity to see what is questionable, and to formulate questions that question the subject matter further. It leads the conversational partners beyond their original horizons into a process of inquiry that has a life of its own. It has an element of buoyancy, a dynamic back-and-forth movement which draws the participants in unanticipated directions. Dialectical hermeneutics therefore holds in the open the possibility of new understandings, new constructions to emerge.

Dialectical hermeneutics is more commonly applied to the interpretation of pregiven texts that have weathered the passage of time. However, in the present study the encounter involved both the generation and the interpretation of a text. It brought the interpreter together with women who have experienced anorexia nervosa, but who were moving on to more fruitful and healthful creations. It allowed the interpreter to address these women in the immediacy of their world such that the process of bringing the study question to understanding was a shared event, a co-creation. As understanding emerges through a coming together, this necessitates some description of the author's being-in-the world.

Personal Reflections

The great depression and war years were over. People settled into a life of bringing forth new hopes and desires for a better, more prosperous world. Such was the backdrop for my entrance into what has been referred to as the post-war "baby boom" years. I entered this life in a small farming community in southern Saskatchewan, the youngest of three children, and with the confessed delight of my mother and father.

At age three I was introduced to city life. We became a unique farming family spending winters in the city and summers in the country. This decision came about (so the story goes) to allow the children a better education which my parents believed a small country school would not afford us. It meant a major move each spring and fall as we transported essential belongings 130 miles between homes.

My farming roots grounded me with an appreciation of nature with its intertwining checks and balances. Its image imparts a serenity enveloped by surrounding earth and sky. The expansiveness allowed my world of creation to flourish. Adventures on the open sea were weathered in my sail boat made from the abandoned roof of a long forgotten shed. Castles meticulously sculptured in the dirt became my secret domain of love and mystery. A small pasture became the rolling hills where I rode my wild stallion into untrodden territories. I woke to the song of the meadowlark, thrived on my aloneness, bathed in the routine of family farm life, and drifted to sleep with the echoing sounds of the ground frogs. I watched the land give birth each spring and die each fall, and tasted the intervening magic of the sun, wind, and storms.

My city roots fed me with an invading edge of challenge. Its complexities and discords led me mysteriously to something more. The long cold winters were filled with school projects, piano lessons, street games and growing pains. The aroma of baked bread and cinnamon buns warmed my chilled hands and eager soul. Secrets and make believes were shared with friendships sworn in blood to be life long. We nourished our bonds through laughter, challenge and catastrophies which echoed through the concrete buildings and paved streets. We said our goodbyes in the spring and hellos in the fall, and tasted the intervening magic of our joy, sorrow, and longing.

I grew into the sixties and adolescence. Both posed questions, wonderings, and rejections. I tasted the fruits of popularity, the sweetness of love, and the pain of broken promises. Friendships were solidified in a search for life's meaning. We sang our words of peace and declared war against our parent's dreams. We shed our shoes, our modesty, and our well taught values. We created a world, defended our positions and viewed the irony in our deeply forged parallel route. Our flowers withered in a time suspended, but tasted the intervening magic of our questioning, turmoil, and conviction.

My youth was filled with deeply sown gifts. My Saskatchewan prairie heritage bequeathed a world of patience, vulnerability, and inner strength. I possess a rather romantic appreciation of simplicity interwoven with complexity, the sometimes painful ability to view life from many sides of the spectrum, and a wonderment of the expression of life in its fragile balance with nature.

In the mid-seventies I moved to Edmonton, to embark on a career in counselling. The questioning continued and I struggled with the often too easily formed answers. My quest for understanding led me eventually to the seeds of constructivism, which supplied the words for a world which lived intuitively in my heritage. It embraced for me, the uniqueness of human endeavor as each of us struggle to create meaning and unison with others in our world.

My present interest in exploring the worlds of women who have experienced anorexia nervosa comes from a continuing curiosity with another's way of encountering life as it unfolds for them. It emerged through the therapeutic involvement with women experiencing this struggle, having had the privilege to walk behind their prison walls. As I enter this present investigation, I bring with me the responses and assumptions formed through these various encounters. Although I have never personally experienced anorexia nervosa, I share with these women the connectiveness of our humanness, as each of us search for ways to confront the expectations, demands and challenges of our worlds.

To encounter a woman experiencing anorexia nervosa is to be confronted with an array of turbulent and confusing feelings. The initial image is that of a woman systematically starving herself. There is something slightly out of focus about her proportions. Her gaunt limbs seem to hag limply from a fading frame. Her eyes lifeless and avoiding overpower a shrunken, sallow face. Her body seems alien to an environment of abundance and health. There is a feeling of urgency, a desire to change things, to envelop and renourish this frail, wounded being. But initial attempts to make contact are met with a kind of emanating coldness, a frigid shield of brittleness and indifference. A chill moves up the spine as a sense of recoil, bewilderment and discomfort becomes linked with an overwhelming curiosity and desire to understand. The beauty of life is invaded with the shades of radiating death. There is a simultaneous desire to retreat and yet to move closer.

Faced with a realization of these emotions is to be challenged at the core of ones identity as a therapist. There is a sense of impending defeat, a fear of being unable to reach beyond her wall, to touch and be touched by the fragility that lies within. There is a challenge to ones caring and patience, an anger at being faced with ones fallibility, and a rising need to be in control of the situation, to sense the personal threads of effectiveness.

By taking account of the feelings towards her and imagining oneself in her shoes, the rebellion the woman is expressing through her wasting body reverberates. One can feel the strength and determination that is bound up in her refusal of food, a refusal born of enormous effort. Yet to move beyond this persona, one can feel her emptiness and isolation, the pain and unhappiness tightly held at bay. One can hear the resounding pleas for connectiveness which echo through her icy silence. The anger gives way to compassion, to an acknowledgment of her endeavor, and to an eagerness to learn from and be guided by her struggle. For in a way, this woman is symbolic of all of us as we struggle to create a place for ourselves in relation to others. Like us, she entered this world as the suckling babe with an abundance and wealth of possibility. But unlike us, the dictates and constraints of her environment have led her to a response that called for extreme and drastic measures.

In my work with women who have experienced anorexia nervosa, I have been stirred at the depth of my emotions and beliefs. I have been touched by each woman's anguish and loneliness, have been frustrated by thwarted attempts to move her beyond immobilization, and have been elated with minute signs of movement from her self-imposed deprivation. I have been angered by an environment that could sponsor the negation of a longingness for self-expression, and of a society that engenders a sense of alienation by placing its premium on material gain, achievements and external appearance. I have experienced disappointment in being unable to reach some women in their struggle, and have experienced renewed faith as I have sponsored in others a growing confidence and self-appreciation. In all cases I have learned, been challenged, and have reaped the fruits of my involvement with them.

The Participants

Participants for the study were located through a variety of sources including professionals who work with women experiencing eating disorders, the family support group for eating disorders, and an advertisement placed within the university community and university student paper (see Appendix A). Of the five women who participated in the study, one came to the experience through previous therapeutic involvement with myself; one volunteered to be contacted through the family support group; and three responded to written advertisements.

The exploration focused on the stories of women who had previously experienced anorexia nervosa but were moving on to new creations. As such, it drew upon a unique population. Firstly, each participant identified herself as having experienced anorexia nervosa. For the purpose of this encounter, this included excessive and voluntary weight loss with no physiological reasons to account for this loss; the presence of amenorrhea; and, resistance to weight gain which may have been expressed as a fear of "fatness." Secondly, that each woman's weight had been restored to her original body weight, or over the minimum normal weight for her height as determined by her Body Mass Index (Health and Welfare Canada, 1988); that restoration of normal menstruation had occurred; and, that each participant described herself as being free from the ongoing experience of anorexia nervosa. Palmer (1980) suggested that perhaps the best indication of freedom from this phenomenon is when the woman has lost the capacity to behave as she did during the experience; that is, "when the whole range of anorexic behavior seems not only undesirable but alien to her present self" (p. 146).

A further component for the exploration was that participants had been free from the ongoing experience of anorexia nervosa for no more than six years. It was assumed that this maximum arbitrary time period allowed for a clearer recollection of the phenomenon as it presented for them. A final component and perhaps the more important, was the willingness of each participant to open her world to myself through her voluntary participation in the study.

At the time of the encounter, the participants ranged in age from 17 to 24 years with a mean age of 21 years. Each had been free from the ongoing experience of anorexia nervosa for two years, with three years being the maximum time elapsed. One woman was completing grade 12, while the other four were attending university. Three of the women were living with their families and two were sharing space with roommates. All the women were single.

The age of physical onset of the anorexic experience ranged for these women from 13 to 19 years with a mean age of 15. Duration of the weight loss focus varied from nine months to four years. Maximum amount of weight loss ranged from 36 to 48 pounds which fell well beyond a progressive weight loss of 15% of premorbid normal body weight. Throughout the anorexic experience, each woman used a form of purging behavior. Three exclusively used excessive exercising; one used excessive exercising combined with self-induced vomiting and laxative abuse; and, one used minimal exercising with her major form of purging behavior being self-induced vomiting and laxative abuse.

Three women were living with their families at the time of onset of the anorexic experience. One woman was living separate from her family but had regular contact. The fifth woman was attending a boarding school some distance from her home, and as such had contact with her family only by phone, or when she returned for holidays. Four of the women came from intact family situations, while one woman was raised within a second marriage situation. She had minimal contact with her biological father past the age of nine. All families fell within the upper to middle socio-economic strata.

The extent of treatment for their anorexic phenomenon varied significantly for the participants. One woman had no contact with professionals; one had minimal contact with a physician and school nurse; one had contact with a variety of professionals with treatment exclusive of hospitalization; and, two women were involved with a numerous array of professionals, both having been hospitalized during the course of their anorexic experience.

The precise number of participants that would constitute the conversational sample was not determined prior to the study. However, it was felt that a minimum of three participants would be necessary to provide greater assurance of a possible commonality between and among the women's experiences within which connecting distinctions (themes) could be integrated. Therefore, at least three participants were anticipated at the outset.

Knowing when to stop the conversations, or knowing when one has included enough participants is very individual and difficult to bring to articulation. For me, it was a progressive sense of having lived within the world of these women, of seeing through their eyes, hearing through their expressions, feeling through their descriptions the experience of anorexia nervosa. It was a feeling of having been filled, a sense of knowing the unknown, and a knowledge that my previous way of seeing had been altered. This occurred with the completion of conversations with five participants.

The Conversations

The study question asked each woman to describe her previous experience of anorexia nervosa as it lived for her in this time and place, her way of exiting from the experience, and her present way of experiencing life without anorexia nervosa. This was explored by means of a dialogue.

Upon entering an encounter with these women, it was anticipated that the conversation may progress through a discussion of the following issues:

* coping with changes external to self
* coping with changes internal to self
* dealing with expectations of self and others

- dealing with internal and external conflict
- reaction of self to weight loss/weight gain
- reaction of others to weight loss/weight gain (family, friends, professionals)
- relationship with family
- relationship with friends

The above represented my preunderstanding of issues possibly involved in the phenomenon of anorexia nervosa. These presuppositions emerged through previous readings, through an earlier "pilot" conversation with a woman who had experienced anorexia nervosa, and through therapeutic involvement with women experiencing anorexia nervosa. While these issues formed the initial backdrop for the hermeneutic encounter, they did not dictate the specific content or structure of future conversations nor did they consciously dictate the distinctions eventually drawn.

The "pilot" conversation was conducted to provide insight into the nature and extent of information that might be expected from the conversations. It allowed an opportunity to bring my assumptions about the nature of this experience into contact with the articulations of a woman who had experienced anorexia nervosa. It allowed feedback from this woman regarding clarity and relevancy of the study. This was highlighted in her written words:

> I found that in any reading I did about anorexia nervosa the author was a third person... looking in and perhaps analyzing. I think there is a need to educate the general public by seeking out those who have come through the experience and can best describe their feelings, needs, behavior, changes,

etc. that occurred.

This conversation further indicated the value of speaking with women who have moved from the experience of anorexia nervosa, as the conversation suggested that women immersed in the experience may be plagued with so much internal confusion as to obscure the possibility of understanding beyond this.

The preliminary conversation also provided a means of greater clarification and refinement of the encounter. It highlighted the importance of pacing oneself to the conversational flow, of knowing when to probe for clarification or in allowing this to emerge spontaneously as not to interrupt the speaker's thoughts. It emphasized the importance of being fully present, to listen creatively to the speaker's expressions: her words, gestures, speech, intonation, affect. It underlined the importance of adopting the speaker's language as not to introduce a different conceptualization of the woman's experience. Further, it emphasized the importance of consistently asking for examples, of moving from the general or implied to the specific. This allowed for greater clarification and exploration of the women's distinctions. This preliminary conversation eventually became part of the conversational sample.

At the request of all participants, the conversations were conducted in the author's home. This provided a quiet, relaxed atmosphere free from as many external distractions as possible. Prior to the formal conversation the intent of the study was explained to the participant, with an atmosphere of respect and curiosity established. I further explained that my interest in the experience of anorexia nervosa arose from my work as a therapist and through my desire to more fully understand this phenomenon. Confidentiality was stressed, and a "Consent to Participate" form completed (see Appendix B).

The conversation with each woman was formally opened with the question, "What was the experience of anorexia nervosa like for you?" It was then allowed to unfold in its own unique way. This often involved a back and forth movement between past and present ways of experiencing, as reference to the past would act as a contrast to the present and vice versa. The conversations were tape recorded and later transcribed verbatim.

According to each woman, this was the first time that she had shared in depth her overall experience of anorexia nervosa. As each became immersed in her expressions, there was a feeling of eagerness and intensity, an obvious desire to risk and share her world, to be understood and appreciated for her humanness. This embraced a range of emotion from reflective laughter to tears shared in painful recollection. The openness and richness of the women's expressions is witnessed in the quotations embodied in the following chapter.

At the completion of the conversation, a demographic form (see Appendix C) and a brief medical history in relation to the phenomenon of anorexia nervosa (see Appendix D) was completed. Each woman was also asked to choose the name she would like to be called in the study.

Shortly after each encounter, the conversation was transcribed by myself and a copy given to the participant in order that she may reflect on this in terms of possibly expanding, deleting or introducing new information. In three situations, both the participant and myself were content with the thoroughness and clarity of the encounter, and as such, further conversations were not deemed necessary. However, in two situations, a second conversation was conducted in order to allow further clarification and elaboration of the women's experiences. This second conversation was tape recorded, transcribed and incorporated into the initial text. The length of dialogue with each participant varied from three to four hours.

Shortly after the completion of the total conversational process, the participant was given a conversational questionnaire in order that she might reflect and make comment upon the process (see Appendix E). This was completed by each woman in her privacy and returned to myself within a month's time. It is through discourse with others that our individual worlds can meet and mutually transform. Our words act as a means of perturbing our world view, such that the possibility of new distinctions, new creations of a reality can emerge (Maturana, 1978). Invariably this occurred for both myself and the participants. Such personal transformations are exemplified in the women's written comments:

> **Kylie:** Talking with you about what I have been through was a good experience. I feel it was informative for me, as well as you, because it was the first time I have been able to talk about the whole experience (from start to finish) in one sitting. I found I learned as I talked. For the first time I realized that I would be learning more about myself, all through my life in regards to anorexia and other ways of self control.... Talking to you about it made me fully realize that I was anorexic, and now I am cured.

> **Courtney:** Our meeting was the first time I had ever talked to anyone about my experiences in their entirety. Even on my own I

had never really thought of the whole episode.... By doing so I was able to more clearly understand the experience, or rather how one event led to another and how things escalated. It made me feel good to talk about the events which happened at that particular part of my life.... I can now look at my experience as part of a past which has taught me a lot.

Freesia: It was tiring to go through it all but worthwhile in that I felt this is about the last time I want to talk about this. It was enlightening in a few ways.... I think more about my actions now. I have more feelings of the anorexia being something far removed from me, but at the same time I more clearly see where remnants of the illness still persist in my life today (i.e. in my relations with my friends, family, etc.). I think I am trying harder to deal rationally with the irrational ideals that still exist.

Katrina: The major impact that this conversation had on me was to show me that yes I have come through the experience of anorexia nervosa and along the way I've gained some valuable tools which I would not trade for anything. For the first time I had a really hard look at the entire course of my experience with anorexia. By doing it at this time, I was able to extract some positive influences that dealing with anorexia has had on my life right now. I came away with a real sense of - I've come a long way and look where I am now - I can't wait to find all the life experiences that are in store for me.

Dawn: I think maybe I got the feeling of being an anorexic out

> of my system forever. There had been times since I recovered that I had had an urge to tell people about the fact that I had anorexia and what I was like when I had it. It seemed to be a significant part of my identity. By talking about it (the experience) with you, I realized that I really, really am not now as I was then. I feel now that because I am so different, being an ex-anorexic is not a really important part of who I am. I don't doubt that the experience of anorexia has had an impact on who I have become, but I don't feel that it makes up who I am today.... I knew that I was "healthier" and that I felt better, but until I actually tried to feel as I did then (and couldn't), I never really realized how far I have come from then and how much has changed.... I feel that I am ready, more completely ready, to let go of that part of me (the poor sick one) forever, file it under "things past", "experience I have had", or "contributing factors to me", and get on with my life and who I am today without always stumbling over, well I had anorexia for three years.

Interpreting The Conversations

The overall process of creating meaning from a group of conversations has been previously touched upon in the section describing dialectical hermeneutics. It draws the interpreter into a recursive conversation with the participant's descriptions, a back and forth spiraling movement between parts and whole, which continues until a consistent unity of meaning, an overall "gestalt" of the phenomenon appears. This involves opening oneself to the conversations, living them, and allowing oneself to be questioned and provoked by them.

The specific process of interpretation is inevitably idiosyncratic. However, a procedure similar to that outlined by Colaizzie (1978) formed a tentative guideline. The initial stage involved being with each conversation, of reading and listening to it in order to achieve an overall sense of, or feeling for it. To this end, the process of personally transcribing the conversations was valuable. It allowed a total immersion in the dialogue as the richness of the spoken word became frozen on paper. It involved the luxury of discretely listening not only to what was stated in the static word, but to what lived within the woman's nuances, inflections and tone. It forced an intense concentration, a revisiting of the encounter through the privacy and filter of one's own reflections, so that understanding could begin to emerge.

The next stage involved a process of isolating statements around which initial meaning could be formulated. This involved questioning what the speaker meant in relation to the overall context of the experience, while at the same time staying true to her expressions. This step was completed with each participant's conversation. An example of this process is illustrated in Table 1. This particular segment of conversation further illustrates the entrance into dialogue as Kylie and myself begin the process of exploration.

Table 1: Formulated Meanings Of A Conversational Transcript

Conversation	Formulated Meaning
Judy: What was the experience of anorexia nervosa like for you?	
Kylie: The total experience was a nightmare, just awful. It started so (pause), like you asked me on the	Encapsulated experience seen as terrifying.
phone how long I was anorexic for, and I said I was anorexic for all my life, because really it was a mind set that I just kind of slipped into. Like I was anorexic and bulimic at the same time.	Perception of life, and way of being through growing years enabled the experience to emerge. - a mind set
J: What do you mean mind set?	
K: Well, I'd always tried to be a helping person, and that meant unfortunately being **perfect**. And when I realized that, umm, I'd always been conscious of my weight. Like I've been,	Helpful to others, need to be perfect.
I'm a twice graduate of weight watchers. I've never been obese, like I've never been really heavy, I've been chubby, I've been ten or fifteen pounds over normal	Sensitivity and insecurity around external image.
weight, but never anything over that. But, that wasn't good **enough**. And I	Need for perfection extended to body.

always thought my weight was outside of my control. You know, that I could get down to a normal weight but I could never be thin. And I was always trying to be perfect in terms of looks, appearance, things like that. Suddenly I realized I could control my weight, I could be thin.	Normal or average not seen as good enough. Had to strive for perfection.
J: How did that realization come about?	
K: I was living with a guy. And, he went away to school and I was broke, and I had no money for food, and I started eating less.	Change in routine and life circumstance.
At the same time a friend moved in with me who was a lot thinner than me. I shouldn't say she was a lot thinner because we weighed the same, but she was built differently, so she had thin hips and stuff.	Perception of self (body) not as good in comparison to others.
And I stopped eating and I lost weight like crazy. It was just so easy, I lost like ten pounds in two weeks. And I realized, I can be thin, I can be thin. Go down to what ever I want to, I'm in control of this.	Recognition she could have control over self (weight) with perfection seen as forthcoming.
J: And in terms of feeling that, that you could control your weight, how did that progress? Like, when you started losing weight, and you realized you could control	

it, how did it get out of hand for you? **K:** Oh, in so many ways (pause). Well, I remember I'd eat a carrot. Okay, I'm in control of my weight, I can eat what	
ever I want to. I never really consciously recognized the bulimia as a last attempt, it was only when (pause). Like I never thought of it before hand, I can eat this then go get sick, and it won't be in my stomach anymore. But, it	Other measures besides food restraint needed to maintain focus.
was after I had eaten something, I was just so filled with terror that I had blown it, that I was going to get fat again, you know, I was going to (pause), I wasn't in control, you know. Then I would go and get sick. And it never got	Allowing self to eat seen as loss of control, loss of focus. Purging necessary to maintain goal.
to be something I could control, I was never comfortable with it. It was like a snowball, I'd eat something like a carrot and I'd just be consumed with this horror. It wasn't a method of control at	Focus became an ever-spiraling attempt to stay on top, to stay in control.
all, really. I wasn't in control of my weight, I was just propagandizing myself or something. But I felt like I was in control and I did not eat because I wanted to be thin. And I did make myself sick because I wanted to be thin, and I got thin.	The control was illusive, but felt like control at the time. Focus was all consuming, all important.

J: And did you see yourself getting thin?	
K: **No, no.** I knew I was thinner than I was before, but I didn't think I was thin **enough**. I remember my friend coming over and I was suntanning in the back, and she said, "I can see your bones, I can see ribs, I can see that you have no flesh." And I felt she was jealous	Thinness not felt to be adequate. Couldn't acknowledge success.
(laugh). You know, I thought she was, I thought she was trying to get me fat again or something. Isn't that sick? Oh (sigh).	Other's concerns viewed with suspicion, a conspiracy to make her fat.
And I remember another friend saying to me, it was in the bar one night, and I was wearing a black skirt, and she said, "You look horrible." She was a heavy girl, and she said, "You look like a skeleton you know. Your face is all caved in and you don't have any	
definition or anything. You have no breasts anymore." And I thought she was jealous too, and I just ignored her. I	Other's concerns blocked out, ignored.
didn't think I was thin enough. The lowest I ever went was 99 pounds, and I still didn't think I was thin enough.	Thinness not acknowledged or felt to be adequate.
J: And so anyone's comments, it was like they don't know what they're talking about. They just want me to gain weight.	

K: Ya (pause). I mean I had a boyfriend at the time when I was really in the throes of this. And I use to cry to him because I wasn't thin enough (laugh). I really feel sorry for the guy when I think back now, because here he had this sick person on his hands. And he had to tell me, you know, "You're thin enough, you're thin enough." I still, I thought maybe he was telling me that because he felt sorry for me, because I wasn't thin enough (laugh). God (sigh).	Thinness not felt to be adequate. Couldn't acknowledge success. Other's acknowledgments disbelieved, viewed with suspicion.
J: You said before that there was a period of all your life, like the attitude around that of being perfect, and wanting...	
K: Oh ya. Like I graduated from weight watchers the first when I was twelve years old, and then again when I was fourteen. Ya, I'd say most of my life I wanted to be perfect, whether in school, or anything else. Umm (pause), and I wanted to be in control. I wanted to be in control of my own life. School and things like that mattered less when I had this immediate thing of weight.	Sensitivity and insecurity around maturing body. Felt the need to be perfect in every way. Wanted some form of control over her life and gained control through weight focus.

Following the formation of initial meanings, the next step in the process of understanding required bringing similar formulated meanings together into non-redundant themes, or patterns of distinction. It is the purpose of the themes to capture and illustrate important statements, without neglecting any, while at the same time revealing without repetition the dimensions of the phenomenon. This process involved a further questioning of the women's expressions, so that subtle differences within meanings could be identified. It further involved locating the patterns in terms of the particular time dimension within the experience, so that the evolving process could be highlighted. While Table 1 represents the condensing of a conversational transcript into a number of formulated meanings, Table 2 illustrates the bringing together of formulated meanings into unifying themes. From this example, one can begin to see the emergence of themes, and the evolving anorexic process as brought forth from Kylie's expressions.

Table 2: Bringing Together Formulated Meanings Into Themes

Formulated Meanings	Themes
Growing years enabled experience to emerge. Helpfulness to others in growing years, meant being perfect. Felt need to be perfect in every way. Need for perfection around maturing body.	A Mind Set
***	
Sensitivity and insecurity around maturing body. Normal weight not good enough. Perception of self (body) not as good in comparison to others. Changes in routine and life circumstance.	Changes: A Mind Set Threatened
***	
Recognition she could control weight. Wanted some form of control over her life, and gained control through weight focus.	Into The Driver's Seat: A Self-Correction
***	
Other measures besides food restraint needed to maintain focus (purging). Allowing self to eat seen as loss of control, purging necessary. Focus around weight an ever-spiraling attempt to stay in control.	The Anorectic Path: A Focus Intensified

Control illusive, but felt like control. Focus around weight loss all consuming.	
***	
Friends concerns viewed with suspicion, conspiracy to make her fat. Friends concerns blocked out, ignored. Friends acknowledgments disbelieved, viewed with suspicion.	The Conspiracy: Avoiding The Road Blocks
***	
Thinness not acknowledged or felt to be adequate.	Lower Is Better: Watching The Numbers

This procedure was followed for each woman's expressions, then compared across all conversations, all participants. For the purpose of this, the various statements and initial meanings were transferred to individual statement cards. This allowed an ease of clustering statements both within and across the women's conversations, and of moving statements from one cluster to another as meaning became more refined. Patterns were then identified to form theme clusters. While Table 2 illustrates the bringing together of formulated meanings as they emerged in one conversational transcript, Table 3 represents a summary of the aggregate formulated meanings from all conversational transcripts as brought together under the unifying themes.

Table 3: Summary Of Aggregate Formulated Meanings Under Unifying Themes

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I. A Mind Set

1. Felt expectations and demands through the women's growing years set the stage for the anorectic response:
    - a. Overriding need to be in control of situations and to strive beyond perfection.
    - b. Pressure to be: responsible, reasonable, compliant, non-conflictual, to perform and achieve, to be emotionally strong.
    - c. Censoring of own needs and desires for the care and well-being of others.
2. Feelings of worthlessness and guilt if unable to live-up to perceived expectations and demands.
3. Feelings of emotional insecurity and neediness, with experience of self as having rights, wants and legitimate feelings missing.

II. Changes: A Mind Set Threatened

1. Confronted with the fear of new expectations and demands:
    - a. Sensitivity around maturing body (biological changes) with a need for perfection around this.
    - b. Growing desire for independence from family (social changes) with confirmation and understanding sought within peer group.
    - c. Need to perform in face of increasing responsibilities (environmental changes, i.e. school).
2. Increased emotional vulnerability with feelings of immobilization.

III. Into The Driver's Seat: A Self-Correction

1. Weight focus utilized to gain order, certainty and control over life. One thing that other's couldn't influence.
2. Weight loss achieved attention and confirmation of control and accomplishment.
3. Weight loss a way to be noticed and attended to; to have others recognize emotional turmoil and neediness within.

IV. The Anorectic Path: A Focus Intensified

1. Weight focus became a way of survival, a way to feel safe and secure.
2. Strict discipline and routine enabled direction and control.
3. Focus all consuming, an ever-spiraling web of routine and/or self-induced punishment in order to keep emotional self and desires in check.

V. The Conspiracy: Avoiding The Road Blocks

1. Concerns of family and friends engendered annoyance, mistrust and suspicion.
2. Attempts by family and friends to induce eating and entice women out of strict routine met with increased determination and fortitude.

VI. Treating The Symptom: Reinforcing The Behavior

1. Focus by some professionals around weight restoration not viewed as helpful, and hence thwarted.
2. Feelings of being misunderstood or unappreciated by some professionals (weight not the problem) reinforced need to find protection and comfort in self-contained world.

VII. Lower Is Better: Watching The Numbers Go Down

1. Numbers on a weight scale became a concrete and reliable way to maintain focus and direction in weight loss.
2. The feelings of well-being and success, or lack of, became connected to and directed by the numbers on a scale.

VIII. Hitting Bottom: Reaching A Dead End

1. Previous feelings of uncertainty and emotional vulnerability resurfaced.
2. Any professed goal or purpose in "the pursuit of thinness" became obscured by feelings of despair.
3. Struggle to maintain control and direction became untenable; their control became uncontrollable.

IX. Wanting Out: The Road To Recovery

1. Recognition that the attempted solution to feelings of insecurity and neediness had only led to greater anxiety and confusion.
2. A turning point with openness for change; a search for a new and different way of being.

X. Moving Forward: All The Possibilities

1. A letting go of a need to be in control of situations and to strive beyond perfection.
2. A recognition of self as having rights, wants and legitimate feelings.
3. A moving forward from the experience of anorexia nervosa with a zest and excitement for life; an openness for change.

Although the previous summary of formulated meanings gives the impression of relative ease and clarity in the emergence of unifying themes, it is a result of agonizing hours in the refinement of understanding. It is the end product of sorting through the women's expressions, to make sense of and to reconcile emerging ambiguities and discrepancies within and between theme clusters. For example, an ambiguity arose for myself around the women's expressions of family life. A diversity existed within the various women's descriptions of the dynamics which presented in their families. Descriptions ranged from a pervasiveness of parental conflict to a relatively easy going family environment with minimal expression of disagreement. With much deliberation, it became apparent that the consistency between the women's growing years was not at the level of overall family functioning, but within the more subtle dynamics which were expressed through the values and expectations the parents had for their children. As these various dictates were incorporated into the women's experiences of self, they seemed best expressed through the unifying theme of a mind set.

Another discrepancy existed in the meanings the women attached to their weight focus. While the women spoke of this focus as a way to achieve order and control in their changing lives, a way to achieve independence from others and emotional comfort within a self-contained world, they also spoke of their weight loss as a way to reach out and express to others the emotional uncertainty and neediness experienced within. The process of isolating and withdrawing oneself from others seemed to contradict what these women desperately desired, which was to be embraced and considered. However, viewed in the light of the mind set formed by these women, both aspects are logically incorporated.

In the first instance, the women were following the mandate of being self-sufficient and in control of their emotional selves. Being unable to suppress the ever-rising emotional turmoil felt within, and being unable to acknowledge this openly, they continued to utilize this control to express through their bodyhoods the overwhelming need for recognition and emotional nurturance. The struggle encompassed within these two aspects weaves it's way throughout the evolving anorectic process.

Creating a particular theme or pattern, paring away its surrounding, isolating it, and framing it with borders, invites the reader to see the dimensions of a reality in a new light. Of course, such a procedure argues a faith on the part of the creator that what is there, what is chosen is representative and encompassing of the women's experiences. The final step, therefore, was to achieve consensus around the interpreter's descriptive results by returning to the participants to receive comment on how the conversational material was used and interpreted. The women were asked to read the initial draft of the descriptive results (Chapter IV), and to make comment on it. One woman was unable to be contacted for comment, however, the other four expressed satisfaction with how their stories had been understood.

IV. PATTERNS OF DISTINCTION

> Symptomatic behavior is analogous to being in quicksand, where struggling in the same place results in escalating sameness.
>
> Keeney, 1983, p. 123

Chapter IV presents the patterns of distinction, as they spoke to this author from the conversations with five women who had experienced anorexia nervosa and were moving on to new creations. As with most life experiences, anorexia nervosa is not a static event, but an evolving process. Although ciphering a process into separable components can bring greater clarity and understanding to the dimensions of an experience, it also risks obscuring the ongoing flow. To accommodate for this, the themes have been organized in terms of an experiential progression.

Within the progression of the anorexic experience, what became obvious to the author is a consistency in behavior, a consistency in an approach to life which escalates through an ongoing recurring pattern. While each progressive loop embodies a different beginning, a different point within the evolution of the experience, the pattern of behavior remains the same. To the outside world this pattern is seen as a fading body, a slow death. To the inside world it is a way of living, a way of survival. Movement from this experience occurs when the pattern begins to crumble, when more of the same no longer achieves the desired result. This opens a space for new ways of behaving, new patterns to be established.

The following themes take us into the world of anorexia nervosa as exemplified through the women's articulations.

A Mind Set

This first pattern sets the stage from which the anorexic story unfolds. It revolves around the women's growing years, a perception of their world, a way of being formed through childhood. As Kylie explained:

> You asked me... how long I was anorexic for, and I said all my life, because really it was a mind set that I just kind of slipped into.

These were sensitive children who were acutely aware and susceptible to the needs and expectations of others. Their life translated into an overriding need to be in control, to strive beyond perfection in terms of all aspects of their being. The theme abounds with comments of a consuming pressure to be: responsible, reasonable, compliant, non-conflictual, to perform and achieve, to be emotionally strong, to be perfect. There is a sense of lost childhood, of having to live a maturity beyond their years. Katrina described her existence in this way:

> The whole issue of being responsible... I should know how to react in certain situations. I should be able to control these situations, it's unreasonable for me to be angry.... I should be the one to think rationally.... I was supposed to be understanding.

There was a censoring of their own needs and desires, a sacrificing of self for the care and well being of others. Within this was a felt expectation to be emotionally strong, to become the pillar within their environment. Katrina goes on to say:

> I'd not had too much experience with really letting my feelings out, because I've been so trained to hold them inside. That's the way to handle things is to be cool, and not let other people see that you're even really upset with something, or really angry, or really sad, or whatever. But you're supposed to be there, and you're supposed to be dependable and not do unexpected things, or rely on other people to be strong. You're supposed to be the strong one.

Kylie's sacrifice was described as follows:

> It was really important for me to be in control of the situation, to be that leaning post for people or something. I just thought it was really important to be strong and to be in control.... I think a lot of people who get anorexia are people who are helping people. You know, like they are the person in the family who listens and things like that. You know, they're kind of the care-taker. They have a lot of responsibility placed on their shoulders and they have to live up to that expectation.

Living a life of perfection, being responsible for others' happiness, placed an enormous emotional burden on these children. In their striving to have life run smoothly, to make things better, they were subject to the trappings of guilt and worthlessness if things did not follow the designed path. This was most apparent with Freesia who often found herself caught in the middle of her parents' conflicts:

> There was a lot of problems between my parents that I didn't realize existed, or I was sheltered from. They began to sort of use me as a tool to get at each other. They'd both try to

> buy me over, win me over.... We'd go for a walk and my mother would walk way ahead in a little snit, and my father would doddle behind, and I'd be stuck in the middle. And I'd go, do I go there, or do I wait for him.... From the way I saw it, like I was their problem. And I thought I'm terrible, I'm such a terrible person. If I didn't do this, my mother wouldn't be upset, if I didn't do that, my father wouldn't be upset.

Much like the other women, Freesia was unable to acknowledge her concerns or feelings because, as she indicated:

> In order to be a strong individual in this world, you don't rely on other people, you don't tell them your problems.

This tremendous responsibility extended throughout the dimensions of the women's lives. To gain approval, to be valued and acknowledged was to perform and please. There was a sense of living for others, an exaggerated felt expectation to excel beyond the limits, to do better than. This is evident in Kylie's understanding of her mother's expectations both in terms of school and relationships:

> I've always felt like my mother wanted me to surpass her, you know, not make the same mistakes she made. I always felt a pressure to do better than she had. To live beyond her mistakes. Or not even that (pause), like not overcome mistakes better than she did, but not make those mistakes.
>
> Every guy I ever dated was not good enough for my mom. I always knew that they weren't what my parents were expecting for me. Mom said, "You're going to have to find somebody intelligent." I remember thinking this is a big game... when I have to find

> someone to make everyone else happy.

This intense pressure was experienced by Freesia in a similar way:

> I didn't do anything for myself then. I always did things that I thought would please them [parents]. And I worried that I wouldn't please or perform. I had to have the best grades. I was always competing, competing... I'd work harder, and harder, and harder.

Under this veneer of helpfulness, competence, achievement, and strength, reigned an emotionally insecure and needy child, a child who was uncertain and shaky about asserting her own thoughts and feelings. Dawn described this uncertainty as follows:

> I used to be very quiet and reserved and shy and studious and kind of a loner, not getting into too many conflicts. Like just not pushing what's accepted... I think I thought things really strongly in my head, but I rarely ever said them if it was too much away from what everyone else was saying.... Like I would have something to say but would spend so long thinking about whether it was okay to say that or not, that by the time I decided, the conversation was so long gone, that it didn't make any sense to say it anymore. I think I was kind of like that about everything.
>
> I was somewhere between passive and happy go lucky. It seemed like nothing really ever affected me. It was like, sure that went wrong, but big deal. But it wasn't, I mean somewhere it was really a big deal. Like somewhere it really mattered.

For these women the experience of self as having rights, wants and legitimate feelings seemed to be missing. Their lives were focused on presenting an image to the world of compliance, competence, and good will, while under this surface festered an emotional confusion, an emotional starvation. Such an existence is impactfully captured in Kylie's summary:

> I felt every situation I faced, I felt the same way. I felt I had to be in control. I mean I always thought it was pride, but it's more than pride. It's like hanging onto something so hard that had nothing to do with your self-concept. It's not pride, it's like survival.

Changes: A Mind Set Threatened

While the mind set formed by these women was generally successful for the maintenance of their youthful world, a time came when the complexities of an evolving life began to erode the parameters of their control. Changes were occurring both biologically and socially with a host of new expectations and demands. Biologically, the women's bodies were changing without conscious design, and the normal weight gain of puberty was viewed with feelings of sensitivity and self-consciousness. Appearance became important, and the insecurity deep within was extended to the contours of a maturing body. As Kylie recalled:

> I'd always been conscious of my weight.... Like I graduated from weight watchers the first when I was twelve years old, and then again when I was fourteen.... Like I've never been really heavy, I've been chubby... but, that wasn't good enough (emphasized). And I always thought my weight was outside of my control. You know, that I could get down to a normal weight, but I could never

> be thin. And I was always trying to be perfect in terms of looks, appearance, things like that.

With adolescence comes a growing desire for independence, a natural movement away from the restraints of family. Confirmation and understanding is sought within the critical peer environment, and within this social milieu lies the anxiety of being seen as acceptable to the group. Dawn described her growing anxiety, and the resulting inability to cope in this way:

> I don't know why I was so scared of junior high.... Maybe it was part of the shyness I had that I just wouldn't kind of fit in, that I wouldn't be able to let people know that I was really a fun person. Like I felt, I think to an extent it's true, that everybody really judges everybody else in junior high, and everybody's stuck into their little stereotypes. So, I think I was really scared that I wouldn't make it the first time, and I wouldn't get another chance. I really wanted to be popular, and I really wanted to have lots of friends, and I was just so scared that I would do something wrong. I think what probably actually happened was that I was so scared that I would do something wrong, that I didn't do anything at all.

The women's lives were further complicated with the ever present need to achieve and perform in the face of increasing external responsibilities. With this came the exaggerated realization that to gain a position in their expanding world, was to be acknowledged and accepted on the basis of their own merits. This was explained by Katrina:

> I think what I was seeing was, when you get to a certain age

> there has to be some kind of changes and you're expected to, well just be able to do things for yourself. But not only that, I guess the actions that you do, have certain consequences and you're the one to take on those consequences. And I guess, I felt that it would just be me out there sort of against the world, without my parents to fall back on.... Like for instance being expected to perform in school and get good marks. It seemed to have so much more weight attached to it. I guess it was maybe the first time that I realized there was some work involved in achieving things.

As the safety of childhood began to fade, these women were invaded with a fear of the unknown, faced with a set of life circumstances that they felt unprepared for. While the circumstances that confronted each woman varied, what remained constant was a feeling of being overwhelmed, a paralyzing fear of being unable to meet others on equal terms. The emotional vulnerability previously kept at bay, began to overpower and immobilize. Courtney's description of her first few weeks at boarding school exemplified this:

> I didn't put things in perspective. I wasn't thinking.... I thought it [boarding school] was going to be fun and stuff, but, it's a very academic school, like very serious. The teachers are very, they can be very intimidating. I was so easily upset by anything. I was every emotional, I was always crying and upset about everything.
>
> I was just so homesick, I wasn't doing well in school, it just seemed like everything was going wrong. I remember just like breaking down and crying... I cried and I just felt out of control.

Whatever the precipitating situation, or set of circumstances, the women reacted with a severe anxiety of what they perceived were indications of losing control. They had met an impasse in their lives, a threat to their selfhoods.

Into The Driver's Seat: A Self-Correction

Faced with the uncertainty of their changing environment, and a growing sense of insecurity and aloneness, the women's bodies became a vehicle for self-expression. It symbolized a search for certainty, a format to achieve order in their lives, a way to gain confidence, independence and control. As Courtney explained:

> This just seemed like one thing in my life that I could make sure went well and properly, and I could be the one in the driver's seat, and somebody else wouldn't say you had to do this and this. It was just me. So, I don't know how I can describe it better than that. I just wanted to have one thing in my life that I knew I was boss of.

Dawn in a similar fashion expressed it this way:

> It was this thing about having control over something in my life when I was worried about not having control, and that control being the weight. You know, that was a way to have control over my life.... It was like I had a sense of power in being able to do something, a power over something in my own life.

While for these women, weight control became a way of taking charge of their world, it also became a way of connecting with their world. The mind set formed so well in childhood, that of maintaining control, came forth to further achieve the attention and confirmation they desperately desired. Their activity found direction, and for a short time at least, the women felt the lure of success. Words such as confidence, attention, pride, accomplishment, and happiness abounded in their expressions. Others began to notice, and acceptance seemed forthcoming. As Kylie indicated:

> Right from the beginning was great. Like I felt more self-confident. I got attention all over the place.... Finally I could control my weight, and I could have people love me because I was thin. Especially guys, you know, love me and never leave me because I was thin (laugh).

As Dawn said:

> It was something that I could be. I guess I was sort of proud of it, in a sort of perverted sense, I was (laugh). You know, it was like I was really accomplishing something that people were noticing. Not only was I doing it, but I was doing something that it seemed like so many people couldn't do.... I think that it had to do with sort of being popular and I figured if I could look really good, then, I don't know, then everybody would have to like me, then I'd be accepted.

To be thin was a way to fit in, a way to feel acceptable to others, a way to gain an identity in their world. But at a deeper level, to be thin was a way to be noticed and attended to, a way to have others recognize the emotional turmoil and neediness devouring them from within. The women's bodies therefore became a way of expressing to the world those needs that they were unable to express in words. Katrina spoke of this process as follows:

> During the period where I was losing weight, being in control of that was for me, both the way I had been brought up before in a sense, and a response to that upbringing. I'd been taught to be in control of my emotions, and so I knew how to assert that control, I had experience doing that. But, I guess feeling very unhappy with the results of that, in that, I wasn't having a lot of needs that I felt I really wanted attended to, not met. I couldn't express what I was really feeling, which I think is what I wanted to do a lot of times, so that, I couldn't allow myself to lose control in that way. So maybe, I guess I used that skill, if you want to call it, in that area, to control my weight enough so that people would notice. Then, hopefully, get some of these needs met.

Although the women's weight loss was initially met with passing comments of acknowledgment and admiration, the superficial elation gained was short lived. Compliments turned to concern, while the deeper acceptance the women strived for continued to elude them. In Katrina's words:

> I guess I was in conflict with those people who were telling me I should be gaining weight, and I didn't want to, where as I wasn't getting anything (emphasized) from my friends. And, I maybe, part of it was, I saw that maybe weighing too much was something that was unacceptable to them, and so now that I lost all this weight, they should be saying something, or something to that effect. Or, this should be having an impact in some way. And, I didn't really see that anything had changed very much (laugh).... And whether part of the issue was getting some

> kind of attention from whom ever, my parents or friends, it wasn't working terribly well.

The Anorectic Path: A Focus Intensified

The coded message these women had sent to the world was missed, their needs had not been heard. Yet, to give up their focus was again to retreat to the uncertainty and anguish previously experienced. The women had created order in their lives, a way of survival, a way to feel safe and secure in their pursuit. Their energies therefore became directed toward the realization of this elusive goal. As Katrina indicated:

> I could really sort of see some of the narrow minded determination sort of starting. I guess, beginning to start to block out other things, to be able to exercise, and to concentrate on not eating foods that I thought would make me gain weight.

Although gradual in its intensification, the women's lives became one of strict discipline and routine, a structuring of their world to enable direction and control. While they continued to fulfill the demands and expectations of their immediate environment, each spare moment was filled with an ever increasing list of tasks and rituals designed for the enactment of their quest. This was meant to aid in the avoidance of food, or to cleanse themselves of the ever dwindling amounts of food consumed. Such an enactment was exemplified in Courtney's description:

> I just threw myself into school, and just making sure I wasn't eating anything. I always had a very strict, regimented day. I'd always get up in time and do the cleaning, vacuuming things.

> I was really clean during that, I was obsessed with always having our room really clean, everything being folded very nice.... At boarding school you had to sign in every morning at the cafeteria. So, I'd get up, have my shower, and I'd go and sign in. Then I'd do my homework in the morning, or some homework, or just any homework. I was always doing homework is what it came down to. All I would eat was an apple in the morning. And then at noon, I'd eat an apple and then I'd study all afternoon. I did whatever activities I had to do, but any free moment I had, I would do my homework, of else I ran a lot, and did aerobics. And then at dinner, I'd have to sign in again and I'd just eat an apple.... I was always, like I said, on a really strict schedule, I always went running at the same time, I always ate at the same time, if I did eat. I never deviated from the schedule at all. And that, I thought it was just great. I could totally control myself, you know, I wasn't craving anything. And it felt good when I felt a hunger pang or something, I thought that was good. Every hunger pang I'd think was good. And then finally, I wasn't really that hungry after awhile.

The tediousness and intensity of such an existence is further felt within Freesia's words:

> I delighted in pushing myself to the limit, just exhausting myself. When I look back at things that went through my head, like, I have to keep working, keep working, keep working. I liked the feeling of being completely exhausted. Nobody could stop me. And everyone would say, "Look you're exhausting yourself." And I went on, and on, and on. Just pushing,

> pushing, pushing.

Although the intense routine, the purging behavior (whether through exercise or self-induced vomiting), and the food denial can be conceived of as extraordinary punishment in itself, two of the women further described a need to reprimand and inflict pain upon themselves. This was usually in response to the experience of disappointment for deviations in their strict control, or as a way to obliterate the ever increasing feelings of despair. Freesia described this behavior in vivid terms:

> I always had this thing of denying myself, and punishing myself too.... I mean I started getting into like slapping myself, and pinching myself, and burning myself. Just because I was frustrated with myself. If I'd start to cry, I'd slap myself and say you're such a whimpy little child. And that's because I'd been taught, don't cry, you don't show your emotions. Or I would, if I was mad at my mother, I wouldn't say it to her, I would go up to my room and take the curling iron and burn my arm, and I would just withstand the pain. And I got a really neat thing, disgusting as it is, to see how much pain I could tolerate.... It was control of some sort, I guess. To see how much I could take.... I mean, anorexia was a punishment, I was denying myself, I was starving, I was controlling myself.

The women's focus became all consuming, and within this ever-spiraling web of routine and/or self-induced punishment, the women had found a way to keep themselves and their desires in check. They had created a world void of the unexpected, a world in which they could function in a self-contained and reliable fashion. As Courtney explained:

> I was just on my own way of thinking, my own path.... I just was off in my own world, thinking my own thoughts. And, I thought that I was right on, I was doing the right thing. That everything I decided was the right thing.

The Conspiracy: Avoiding The Road Blocks

As the women's focus was becoming increasingly more intensified, and visible signs more obvious, others attempted to enter their world with echoes of concern. Family and friends, through their comments and actions, attempted to impede the process of a fading body. Their concerns however, were met with annoyance, mistrust and suspicion. As Kylie recalled, friends comments were seen only as further proof that she was on the right track:

> I knew I was thinner than I was before, but I didn't think I was thin enough (emphasized). I remember my friend... she said, "I can see your bones, I can see ribs, I can see that you have no flesh." And I felt she was jealous (laugh). You know, I thought she was trying to get me fat again or something.... And, I remember another friend saying to me..., "You look horrible. You look like a skeleton you know. Your face is all caved in and you don't have any definition or anything. You have no breasts anymore." And I thought she was jealous too, and I just ignored her. I didn't think I was thin enough.

Courtney in a similar fashion rejected such concerns:

> My boyfriend was really noticing... he had been trying to talk to me about it a lot. And I said, "There's nothing wrong, don't

> talk to me about it. I don't want to talk about it." I was just so mad at him. And I just, you know, I didn't want to be around him if he wanted to talk about it.... Back then I would still think I was fat, like I would still think that I needed to lose weight.

The lower the women's weight became, the more anxious and direct the response from others. The women spoke of various attempts by others to force them into eating, or entice them out of their strict routine. But, all attempts were thwarted. The greater the pressure to make them gain weight, the more they fought for their cause. As Dawn recalled:

> They [parents] tried to talk to me, and kind of (pause), you know, force me into changing, and force me into at least acting healthy. And, I used to scream, and rant, and rave about (pause), that they were all so horrible, and that they were all just doing things to be mean, and it was all a conspiracy against me. I thought everything was a conspiracy against me.

The women had worked hard in their endless endeavors, and in doing so, found strength and pride in their accomplishments. However precarious this new identity, the women held on to it with determination and fortitude. As Courtney explained:

> Anybody that tried to talk to me about it, I kind of just tuned them out. I made it look like I was listening, pretended that... I'd always say, "Ya, you're right, I know you're right." But, I probably just tuned people out that were trying to tell me what to do.

Or, in Kylie's words:

> People would tell me the truth and I would turn it around in my head. I would interpret anything just to suit this thing that was going on inside my head.

Not only had they found a way to shelter themselves successfully from the insecurity and emptiness held deep within, but had also constructed an effective barrier from the intrusions of the outside world. The women had forged their own path, their own way of being, and they protected it at all costs.

Treating The Symptom: Reinforcing The Behavior

As the parents of these women became more frightened for their daughters, and more frustrated in their attempts to reach them, they sought consultation and reinforcement from professionals. While one woman managed to avoid this route, four of the women had the further experience of findings ways to cope with a system designed to provide assistance in overcoming this plight. The women's experiences varied depending on the extent of professional involvement, and the range of diversity in professional approach. However, what remained consistent in the women's expressions was a feeling of being misunderstood or unappreciated by many of the professionals they encountered.

The women were starving themselves, so logically the prescription most often offered was to have the women gain weight. Unfortunately, however, this was the one thing the women were desperately trying to avoid, and as Katrina observed:

> The issue of treating the symptoms is really reinforcing the reason for the behavior in the first place. Trying to get a

> woman to conform to a certain way of doing things, and again trying to tell her how she should look, or what weight she should be, which I guess a lot of time was happening, was that these people were trying to tell me how I should be. But, at the same time, not giving me a very clear message of how I should feel. That was very conflicting for me.... I was really fighting to keep my weight down, and these people were telling me I had to be gaining weight. I guess the conflict that I felt most strongly was telling me that what I was doing was wrong, but for the wrong reasons.... Specifically, the actual fact of gaining weight or losing weight didn't really, I don't think that really had anything to do with it (laugh).

Dawn expressed this feeling in a similar fashion:

> Like nobody understands. It's like all they think I need to do is gain weight. There were a lot of people who thought that the problem was my weight, and it wasn't really. I don't know what it was in my mind then, but it was like, like that was sort of secondary. Like I mean, what had to be fixed, like in terms of why don't you just fix it, wasn't my weight. It was what was making me that way.

Unable to explain directly or express this to the professionals, the women devised a number of strategies to ward off the various interventions designed for weight gain. Dawn described such a maneuver as follows:

> I use to see [psychiatrist] on Saturdays. And, before I met him, I used to drink ten million gallons of water, and I always used to get a McDonald's milkshake on the way. Then I'd go into

> him, and I'd get weighed, and I'd come out of his office and run for the bathroom (laugh).

Courtney, who had made a deal with her parents and family doctor that she would gain weight if she could return to boarding school, spoke of her counter-plan in the following way:

> The deal was that I would have to go down to the infirmary at school every week and weigh in, and talk to the nurse. And that, if I had lost any weight then I would have to come home.... So, in the beginning I'd wear really heavy clothes, and stupid stuff like that. And then, I don't know like, I guess she [nurse] was busy with her work or something, and I was always saying what she wanted to hear and stuff, and so she said, "Well, I'm really busy this week, so I'll just give you a key, and you can weigh in on your own (laugh)." So, I mean I just went down there and made it look like I had been there, and signed on the little sheet, and made some weight up, the same one or a couple of pounds heavier.

The strategies devised by these women were generally successful. Eventually however, two of the women became hospitalized for weight restoration. These women further described their experiences with feelings of frustration and anger. Although both women attempted to follow the rules set out by their doctors and the hospital staff, they related numerous examples of how they felt depreciated or ridiculed for their apparent lack of compliance. This succeeded in pushing them further into silence, and reinforced to a greater extent the need to find protection and comfort in their self-contained world. Dawn described her frustrations as follows:

> Well, they [staff] used to blame me. They used to say to me things like, you know, they use to accuse me of throwing up. And it used to make me so mad because I was trying so hard.... It was so hard that they were still blaming me, and accusing me of doing sit-ups in my bed, and throwing up and all the rest of it, when I was trying so hard to be good. And, here you are blaming me for things that I'm not doing. It was like, why bother not to do, why should I bother to play by your rules, if you're going to expect me to break them anyway.

Freesia related a similar story:

> They [staff] threatened me. I wasn't gaining weight... and they threatened to put me on I.V. because obviously I was purging and hoarding. Like they've got all these little labels for all these, like she's doing this and this.... I was just so angry, it was just like my parents. Like not being given credit for having a brain, you know. I was weak, and I was eating these three meals, and I was frightened. And what it was, was, well forget it then. If I have to put this much effort in, and you're going to tell me that I'm not doing anything, than why should I even bother. I still didn't realize it wasn't for them that I was doing it.

While undoubtedly offered with the best of intentions, each of the efforts to have these women gain weight, were less than effective in promoting a different path to follow. The predominant focus around weight gain only succeeded in giving the women more fuel to enable them to forge full-steam ahead.

Lower Is Better: Watching The Numbers Go Down

Although the original stated goal of these women was to be thin, the satisfaction of achieving such a goal remained elusive. The thinness achieved by these women was never felt to be adequate. They were unable to stand back, to internally acknowledge that indeed they were thin enough. Unable to trust the appraisal of others, and uncertain of their own perceptions, the numbers on a scale became their only reliable judge. As Katrina indicated:

> The numbers became a very real thing. I equated the number with a goal as opposed to what I looked like, or what people were saying. Lower is better kind of thing. Not really setting a goal, just watching the numbers go down.

This was further explained by Dawn:

> It was like, in the mirror I could see that I looked thin, and there were even times when I could see that I looked sick. And, I knew that I couldn't shave under my arms because I couldn't get the razor in and all that, cause I was so thin and stuff like that. Or I knew that my cheeks were caved in, or whatever. But, that wasn't the important thing, because the scale was the important thing, because numbers were something that in my mind, numbers were something that were real. Okay, you saw in the mirror, or what I thought I saw in my body was something that was kind of open to interpretation. It was something that might not be real, I might be fooling myself. And so the only thing that was real for sure was the numbers. And somehow, lots of times the scale and the mirror weren't even connected... the numbers said that I wasn't low enough, even if the mirror said, look girl

you look sick.

For these women, the numbers took on a life of their own. They became a trusted companion, a reliable way to maintain focus and direction. The numbers, however, were also the women's judge and jury. They dictated whether the woman's day would be bearable or devastating. As Freesia recalled:

> You become less concerned with what the body looks like. You know you still think you look gross or look fat, but that becomes less a concern. And you concentrate on the number on the scale. You think that's all that matters.... If the numbers went up one or two, it was terrifying. Ten pounds off is totally insignificant, that's like so what, ten pounds is nothing. But, ten pounds gained is like a hundred pounds gained. It's weird, it's really weird. And it's totally irrational.

The power and exceptional hold the numbers had over these women, was encapsulated in Kylie's comment:

> I remember thinking, at one point it struck me as so crazy, that one pound on the scale could mean the difference between utter excitation and despair. How could one little tiny fraction on a scale mean that much. But it did.

Hitting Bottom: Reaching A Dead End

Day after day, week after week, the women with determination and precision executed their relentless pursuit. As time went on however, the struggle to maintain control and direction became increasingly more difficult. With frenzied attempts at yet more of the same, the women eventually became trapped in a seemingly incomprehensible maze of their own making. They lost sight of the path, lost sight of any professed goal or purpose as they struggled to find their way. As Katrina recalled:

> One of the things I know I was feeling... was a very real sense of a battle of some kind that I was fighting, and getting very tired of fighting this battle. And yet, at the same time not really feeling I was winning anything. And so, the opponents as you will, became very nebulous. I sort of lost sight of just what I was fighting for.... Ultimately, the battle was with myself, and I found that out. But then, I think I needed something to actually show me or give me some kind of direction because I was really going nowhere.... I had no idea what was really going on, and I had no way of going about finding out what was going on. So, I sort of just (laugh) was somewhere.... I see it as very barren, very black time in a sense. I've forgotten a lot of it, and I don't think I ever saw a great deal when I was in it.

Freesia described the experience in this way:

> It was just terrifying. You can't stop it. Once it's got you... you know what the mind's like, it just, you cannot fight it. It's just this continual battle in your head. That's all I ever experienced was this non-stop battle, frustration, lost sort of.... There's just, there's so many contrasting emotions. Like there's yes you're happy, but you're not. You know, it's just a twist. Like struggling through a force. It just seems like there's nowhere else. And there is nowhere else. And you can't ask for help. You won't ask for help. It's exhausting,

very exhausting.

The path forged by these women became rocky and untenable. Lurking around each corner was a feeling of danger, of teetering on the edge, of breaking down and making visible the despairing, anquished person buried deep within. As Freesia further explained:

> Like I was breaking down in school, and I was trying to hold it together, but I couldn't... I'd just start to cry. I'd go to bed at night, and I'd cry, and I couldn't figure out what was wrong with me.

The women had come full circle, the uncertainty and emotional vulnerability they feared the most had again surfaced. But this time, it was beyond their control. They had hit bottom, reached the depths of their despair. This was vividly described by Dawn:

> It was like waking up everyday at a dark end of a dark cave and knowing I wasn't going to get out. And knowing I wasn't going to get out that day, and knowing there would probably be a lot more days. Or waking up in the bottom of a hole or something, and knowing I couldn't climb to the top. It was like always at the bottom of this hole, and climb up two inches only to slide back three in the night. It just seemed so hopeless, everything seemed hopeless. It was like I really wished I could just roll up and go to sleep, then I wouldn't have to think about it.... Like, I really didn't want to get up in the morning. I honestly felt that I would rather die than get up in the morning and face another day.

As Kylie said:

> It's like walking through hell, you know. I know what it's like

> there and I never want to be there again.... It got to be a nightmare when I realized how dependent I was on it. The catalyst for everything that I believed in about me.... I don't even know how to describe it in the way that would do justice to the feeling. It's like being chased by the boogy man in your sleep. Because, nothing else is quite as unreal. And, nothing else is quite as scary.

The women had reached a dead end, they had no where else to turn. The illusive control once felt, had dissipated, evaporated from their reach. In Freesia's words:

> I just realized I didn't have control over it, my anorexia was me. That was all I was, and I was lost, I had no way out.

Wanting Out: The Road To Recovery

Ironically, the route these women had pursued in order to feel more acceptable to, and part of the world, was the one that ultimately led them deeper into loneliness and isolation. Their world of certainty had turned to chaos, filled with horror and despair. Instead of feeling power over their lives, the control implemented had now turned back to devour them. Their control was uncontrollable, and with this came a feeling of helplessness, a declaration of defeat. As Katrina indicated:

> Locking myself into this vicious circle, very quickly dissipated the control that I thought I had. In a sense, I wasn't really in control, I was being controlled by what was going on and I couldn't stop it. Of course, that's not control at all, when you can't stop something.... Basically, I did feel that I was

> in a very vicious circle and I wanted out. I wanted out, but I wasn't sure I wanted out, I wasn't sure I was going to like the way out, but I did want out.

The women had reached a turning point, the recognition that their well designed solution had only led to greater anxiety and confusion. With this came an openness for change, an openness to find a different path. As Kylie recalled:

> I guess when I started to come to terms with it was when I realized that, when I wrote in my diary, "When does it end, when am I going to be thin enough?" And then I realized that it wasn't something outside, it was something in me that was making me. And, there was no thin enough, because I wasn't making it thin enough.... It's all in her (pointing to head). You create the reality in your mind. And you keep it going, or you decide to let it go.

Kylie went on to say:

> It was scary, it was really scary. Because, I was trusting myself to let go. And, I don't think I had ever done that before.... I just set off, kind of like a blind man in the dark, saying I want to get better, all I know is I don't want to be here. I just took one step off the road I was walking, and I didn't have a clue where I was going. I just knew I didn't want to be on that road anymore.

The road followed to recovery varied for each of the women. Two managed to find their own path, while three sought guidance from professionals. Whichever direction they went however, the women were committed to their new journey. They wanted out, and with renewed determination, held to their convictions. Dawn expressed this determination as follows:

> I just thought I can't do this anymore. It's just not possible. I can't keep going like this. Something has to change, everything has to change.... I guess that's when I absolutely, whole heartedly wanted to get better. I think that no matter what happened that January, I would have gotten better then. I do think that at that point is when I would have gotten better where ever I was.

The women's pursuit had now become a search for a new and different way of being with the world. They needed to find a way of letting go, a way of legitimizing their long held feelings and thoughts, a way to embrace change. At this point in their experience, each of the women expressed the advantage of having someone to talk with, to feel understood by, to be confirmed, encouraged, and acknowledged for their struggle. As Kylie observed:

> I think it would have been helpful to go for therapy then. Just to have someone say, you're on the right track, you're doing the right thing.

Or as Freesia claimed:

> Having someone to talk to, having a doctor to talk to, that was the most helpful. Just I guess, an ability to express myself. I could say what I was thinking. I didn't have to guard it. Like, I was allowed to tell. I could complain, and that was okay, it didn't matter.

Beyond the listening and support, the women began to take small steps to move into the world, to try different ways of behaving and connecting with others. As Katrina recalled:

> There was a lot of things that I finally realized, that I needed to think about, and to work on for myself. And, that there was a lot of changes I could make for myself.... I think one of the suggestions [therapist] made was in terms of, was relating to my parents on the issue of control, and also independence from them, which was very important. But, as opposed to channeling all that energy into controlling my weight. But, still around the issue of food was to say, you know leave some food on the plate at dinner because that was one of the things which was not done at our house very much. So just that very small, but it was something that I could do. Where as before, I was sort of locked into a very rigid pattern of behavior which I saw no way out of. And, while I would do that, of course, I would be thinking and experiencing things and I found it wasn't that difficult, taking additional little steps.

Kylie described her risk to behave differently in the following way:

> I had a fight with my best friend, and for the first time in our four year friendship, I cried. And I said, my feelings are hurt, and I don't understand why this is happening. It felt right at the time, but it was very different from anything that I had ever done before (pause). Admitting I wasn't perfect, and they could hurt me.

Letting go, finding a different way to be in their worlds, also involved regaining the weight they had previously denied. This had been the women's major focus and hold on the world for months or even years, so understandably it was the most difficult change to make. The women expressed fears of what the results would be, or what letting go of this identity would mean. As Dawn explained:

> Like I believed when I started to gain weight again, I believed that my losing had gone out of control, which kind of led me to believe I couldn't control gaining it either. And if I couldn't control it, then who could, and I'm just going to get to be the size of a hotel, where nobody's going to be able to do anything about it.... I don't know if that really ever switched, or if it just kind of became not the most important thing.

This fear caused the women at times to question or doubt their new journey. This would bring temporary visits back to their previous path. As Courtney described this:

> I'd always have second thoughts. I'd always have kind of flash backs, I don't think this is right, maybe I shouldn't be doing this.... And, there was a few, like when I started gaining, there was a few regressions backwards. I would eat something, and I'd feel really terrible about myself, I'd make myself throw-up and stuff. But then finally, I guess I decided that it would be okay. And so, I started gaining like that, a little bit more.

Through much hard work and devotion, the women began to conquer their fears. They had found a way of confronting themselves and their life in general, with determination and courage. As Katrina recalled:

> I guess what I know from having to go through what I did in a sense was... I just essentially stopped really living for a year or more, stopped growing. So really what it was, was almost a reawakening, rediscovering myself kind of thing. And I guess, in doing that, having got a glimpse of what it's like to see how I

> react to things, and just how that's worked and how it's not worked, and to see why I did these things or how I can change the way I react to things, or just seeing a bit of what's inside me, what makes up the way I am.

For these women, the road to recovery represented an opening up, an embracing of life with all its uncertainties, questions and possibilities.

Moving Forward: All The Possibilities

At the time of speaking with these women, they had moved from the experience of anorexia nervosa and were moving on to new creations. They had sorted through much of their confusion, had found greater ease with themselves and others, greater joy and happiness in their worlds. Each had found a new identity, and had emerged from their experience with an obvious zest and excitement for life. As Freesia observed:

> I have such a different view, such a different consciousness of what has happened, of what is happening. I believe that I'm just miles ahead of where I was then.... I like Freesia. I like different things. I'm not happy all the time, I struggle, but I survive.... I'm a whole bunch of things. I'm a roommate, I'm eccentric, I'm a friend, I've got all these identities. I'm in the process of getting to know myself, who I am, or what I like. And I've never really thought of it in those terms. Just trying everything.... There's nothing like knowing that you can do better, you just have to realize it. You don't have to be sick. That there's something else in life. And you just have to get out and experience it.

The women were able to let go of their tight grip on the world, let go of their need to be perfect and always in control. With this had come the freedom to be, the freedom to experience life to its fullest. Kylie described this in an eloquent fashion:

> I've found the ability to laugh at myself. To accept myself as a human being, and not some super barbie doll or something. And I know I'm happier, I know I'm a happy person.... My motto used to be when I was a controlling person, was nobody get's the best of me. And now it's only in recognizing my own humility am I free to be something. Only in recognizing how little I am in the scope of things, am I free to be something. So, I guess letting go of the control you know. Realizing that I really have no control over anything, can I ever be anything.

In Katrina's words:

> Now I guess, I feel, I mean certainly I'm not in control of the circumstances that I find myself in, I'm just here. I'm where I am because of millions of different factors, but that doesn't matter so much now... I have the choice to do what I want. I feel now that I make those choices not because someone is telling me to, or even I'm telling me this is the way I should do it, but that, I can look at different things, and maybe see if there's more than one way to do something. I don't always choose the way that maybe is most beneficial in the end or whatever, but at least I can see how this might go, and know there's millions of possibilities.

When the women were asked if they could ever see themselves returning to the anorectic path, each responded with a resounding no.

As Katrina further proclaimed:

> In a sense, it would be again shutting off all the possibilities, the choices to make, the variety, and the diversity of all the different experiences that I have.... And, I guess if someone would say to me, well would you have not done that, or would you have not liked to have been that way. I think the only thing I could say was, it's not just who I've been but it's who I am, I wouldn't be the way I am now, if I hadn't done everything I have.

The anorexic experience has now become part of each of the women's history, part of a past that has led them to, and opened up, a fruitful future.

V. DISCUSSION

> Any position, perspective, conceptual frame of reference, or idea is a partial embodiment of a whole we can never completely grasp. The truth may snare us at times, but we can never snare the truth.
>
> Keeney, 1983, p. 3

Chapter V represents a standing back, a reflecting upon the distinctions drawn. The ideas about the construction of reality in general, the more specifically, the construction of individual realities that invite therapeutic intervention are considered. What has been brought forth in this dissertation is one composite story from the perceptions of five women who have experienced anorexia nervosa, and are now moving on to new creations. While the pattern of expression covers a rich variety of circumstances and life situations as each woman struggled in her unique world, the commonality of experience as brought forth within the various themes forms a connectiveness between and among the women's lives. In each instance, one can observe an intense struggle to find a way to continue living in, and connecting with their worlds.

The women speak from retrospect, from the position of having moved from the ongoing experience of anorexia nervosa. They now have the luxury of looking back from where they came, to make sense of and place meaning on. The women's expressions in this time and place, may be very different from the distinctions they would have drawn while in the midst of their experiences. This, however, does not make these distinctions any less legitimate. It is through such transformations that they were able to create an exit from, an alternate path to follow. It allows us to learn form these women, to "reverse the lens" on their experiences so that we can begin to understand, and hopefully be more present with others who find themselves embedded within a similar struggle.

Keeney (1983) suggested that symptomatic behavior arises as an effort to maximize or minimize a particular behavior or experience. These women were faced with an uncertainty in life, an overwhelming anxiety, a feeling of being out of control and of being unable to continue functioning within their changing environments. They responded to this perceived threat in a self-determined manner which would ensure adaptation, and conservation of an identity formed in relation to their particular history of recurrent interactions with others (Maturana, 1983; 1984). To fully appreciate their response, one must first consider the "mind self" formed by these women through their growing years.

As Maturana suggested, the concept of mind, self-awareness and consciousness which we associate with our identity arises in language, and as such takes place only within the realm of social coupling. Because we exist in language, the kinds of conversations we generate within our domains of social interaction become part of our lived experience, part of our domain of existence. In other words, the bringing forth of self occurs not in relation to oneself, but within the ongoing descriptive recursion which occurs in relationship with others. Further, as part of our human social dynamics, "mind and consciousness operate as selectors of the path which our ontogenic structural drift follows" (Maturana, & Varela, 1988, p. 234).

The women entered their initial social grouping, that of family, with infinite possibilities of interaction, infinite possibilities for self-description. However, since a social system entails a co-ontogeny of its members (social coupling), interaction becomes coordinated around sequences of learned communicative behavior (linguistic domain). The patterns generated are conditional to the conservation of that system and give continuity to the particular history of the participating members. Although every social interaction throughout the course of our individual histories impacts us in some way, the network of communicative behaviors within the family context sets a predominant stage for the various descriptions drawn in definition of self (language domain). While a diversity existed among the women's descriptions of the overall interactions which presented within their families, a consistency existed within more subtle family dynamics. This was expressed through the perceived expectations and values the parents had for their children. These various constraints and dictates translated for each woman into an overriding need to be in control of herself and her circumstances, and to strive beyond perfection in terms of all aspects of her being. When faced with a threat to this identity, the correction implemented was to regain "control" and become "perfectly" thin.

In this sense, the anorexic response is similar to what Bateson (1972b) referred to as the erroneous epistemological premise called "self-control," the idea that one part of a system can have unilateral control over other parts. Although the mandate felt by these women to have self-control provided the motivation to suppress and/or negate the ever rising anxieties and uncertainties experienced, the greater the effort for control, the more intense the feelings of anxiety and confusion. The women therefore became caught within an "escalating runaway situation." Every effort to correct the situation only led to the same corrective process being orchestrated over and over again. The self-correction continued until a "bottom" or threshold was reached, at which time the women realized that the sought after control was elusive. Or, as the women suggested, the control was uncontrollable. However, as Bateson (1972b) further suggested, the experience of "bottom" can be different for different individuals, and viewed within the context of those experiencing anorexia nervosa, some may be dead before they ever reach it.

The experience of "bottom" is synonymous with what Maturana refers to as breakdowns in some dimension of our structural coupling. In his words, "they are instances of change in the direction of our ontogenic structural drift in an infinite process of historical transformation" (Maturana, & Varela, 1988, p. 233). In other words, for these women the experience of "bottom" had sufficient impact to be disruptive to, or to trigger disintegration of the way they had organized their worlds. This allowed for new distinctions, new ways of behaving to occur. In fact, each woman spoke with the conviction that no matter what happened at that point in time they would have improved. They wanted out, and they were open to the possibility of change. The fact that other women may continue to follow an anorexic path only signifies that nothing has occurred in their realm of existence to have enough impact to be disruptive to the particular woman's way of behaving in the manipulation of her world.

While for these women, the anorexic response was a way to maintain control in their lives, it was also a way of expressing to the world what they were unable to express in words. As indicated, one is always a part of a larger context, a more encompassing self-corrective system such as family, friends or society as a whole. Within the women's particular milieu, there was a felt expectation to be emotionally strong and hence, their individual structures would not allow for open expression of uncertainty. Their bodies therefore became a way of expressing to the world the turmoil experienced within.

Why these women found expression through the form of self-starvation as opposed to other forms of symptomatic behavior can only be speculated. However, the women knew how to apply discipline and restraint in their lives, and as such, could utilize this with food consumption. To deny oneself on a physical level can be seen as comparable to denying oneself on an emotional level. In other words, starvation was consistent with their way of being. Further, weight was an area of sensitivity for these women. Within this was a belief that to be thin was a way to be acceptable to others, a way to obtain entrance into and confirmation within their critical peer environment. Certainly within the larger social context there is a cultural obsession with the regulating of body shape and size. In their passage towards womanhood and femininity, young women experience a pressure to be attractive, to make their bodies conform to society's ideal (Orbach, 1986). The magnified image of femininity which surrounds women on billboards, in movies and magazines is fraught with promises that to be thin, is to be acknowledged, embraced and loved. However, while society's notions of thinness are attached in one way to acceptability, this has little to do with the more encompassing inner feelings of acceptability and love which drive women to seek acknowledgment through extreme physical transformation. From this view point, if anorexia nervosa is a physical expression of a pervasive need to be noticed and attended to, then these women were definitely screaming to be heard.

As Keeney (1983) suggested, "the social system surrounding symptomatic behavior typically calibrates its escalation" (p. 125). That is, the way that others respond to the symptomatic expression can aid in its escalation or cessation. In this sense, an individual's symptomatic behavior marks a particular kind of recursive relationship with others. For these women, the attempts by others to entice or force them out of their self-starvation only helped to reinforce the behavior. This is somewhat confusing, as in the past the women had presented an image of compliance and responsiveness to others' demands and expectations. However, in their striving for control and perfection, to be better than, the women had found a way to continue functioning within their worlds. To ask them to relinquish this control and perfection, or to suggest they are wrong in their particular approach, is in essence asking them to respond in a manner inconsistent with their structures. Further, the women's social milieu had previously condoned their behavioral expressions of competence and self-control. To ask them to now relinquish this behavior is also inconsistent with the organization of the particular interactive social system of which they are a part. As such, the greater the pressure to make these women gain weight, the more they continued to hold to their illusive control. Further, as the women indicated, weight was not the issue, it was their particular way of being with the world that was making them that way.

This brings into question the efficacy of a behavior modification approach in the treatment of anorexia nervosa. As Maturana (1980a; 1984) suggested, instructive interaction (where A unilaterally determines how B will respond) is an impossibility. To design a program in which an individual is expected to behave or respond in a certain way, does not guarantee the desired results. Two of the women in this study experienced such a program for weight restoration. Although it provided a "temporary fix" in terms of weight gain, the women returned to their anorectic path following release from the hospital. Such a program, especially with an experience of anorexia nervosa, sets the possibility of a "battle of wills" where the woman's need for control over her life is fought with the control of treatment. From this view point, neither wins, and it only sets up an environment of frustration and anger. While the women were responded to as "resistant patients," this would only further suggest nothing was occurring to impact the women in such a way as to allow for change. The women continued to behave in a way consistent with their definition of self. The only perturbation that may have occurred was a reinforcement of the symptomatic behavior. In many respects, such an approach runs the risk of employing two fundamental epistemological errors as outlined by Dell (1982b). On the active level is the error of believing that you can control another and make her what you want; and, on the passive level, is the error of personally denying or getting mad about what is, and insisting it should be other than what has happened.

A phenomenon often referred to in the writings about anorexia nervosa is the concept of distorted body image. That is, women experiencing anorexia nervosa often view themselves as overweight even when emaciated. However, as Maturana suggested (1983), one can never experientially distinguish between perception and illusion, "to distinguish between those two is external to the experience." The women in this study were able to acknowledge the possibility of a visual illusiveness, in that they suggested their appearances were something that were open to interpretation. However, unable to trust or find consensus with the appraisal of others, the women chose to resort to a more "concrete" form of validation, that being the numbers on a scale. The numbers became a way of providing concrete focus and direction in their striving for perfection. Just as grades in an academic pursuit have come to represent for some the achievement of success or perfection (the higher the number the better), the numbers on a weigh scale came to represent the external monitor of the women's pursuit (the lower the number the better). They had resorted to another form of sensory input that they chose to believe more, and which they accepted as "real." However, as the concept of perfection is also illusive, no end point could ever be conceived of a perfect enough. As one of the women observed, "There was no thin enough, because I wasn't making it thin enough.... You create the reality in your mind. And you keep it going, or you decide to let it go."

Letting go of one's constructions is not a simple task. This can only occur when our constructions begin to crumble, when our present way of viewing the world no longer achieves the desired results. The question then becomes, what we as therapists can do to set an environment in which new constructions, new ways of seeing can emerge. First, it is important to recognize that the task of therapy is not to change an individual, but to help her become nonsymptomatic in ways available to her particular way of being. To attempt to change someone is in itself an impossibility. You can only create a therapeutic environment in which an individual can thrive, respond, and change herself.

To create such an environment is to recognize that each of us behaves in an autonomous, self-referential manner in which we simply go on being ourselves in our own unique way. When perturbed by another, we compensate for this to the precise degree necessary to allow us to maintain our autonomy, and hence our identity. Thus, to recognize the woman's autonomy, is to acknowledge, confirm and accept her as is, with no assumption of knowing what is better for her. The therapist's role then becomes one of catalyst, where affirmation allows for the possibility of other creations to emerge. Such a relationship requires trust that the other will respond in her authenticity, that is, responsibly. It is interesting to note, that for the women in this study, each claimed that what they needed, or what was most helpful to them, was to be understood and acknowledged, to have their emotional struggle accepted as legitimate.

When we enter into a therapeutic relationship with another (whether with an individual or family group), we always stand in relation to. That is, the therapist and client form a closed interactional system in which the possibility for a consensus can occur. As Maturana (1983) suggested, when we act without consensus and yet claim we are making an effort to understand, we are generally speaking from within our own distinctions not from a mutually created domain. Therapy must therefore be viewed as a collaborative effort. The therapist and client enter into a mutually defined journey in which each acts as structural perturbations for the other. In this sense, the client acts in a way that directs the therapist, who in turn directs the client, who in turn directs the therapist.

While both the therapist and the client are responsible for the journey, it is incumbent upon the therapist to intervene in such a way as to allow for new distinctions to be drawn. This can occur through a number of possibilities such as reframing a situation so as to be seen in a different light, asking questions in such a way as to open other directions to be considered, or suggesting behavioral tasks so as to encourage the possibility for other scenarios. There are no "right" or "correct" interventions, there are as many interventions as one's ability to be creative. However, within this is the recognition that any newly evolved distinction must always be founded on the old, and hence, any intervention must appropriately "fit" with the autonomy or uniqueness of the individual. Further, interventions can never specify what change, if any, will occur. Only the structure of the individual can determine this.

Any change always involves a risk, the possibility of loss of one's identity. As Maturana (Simon, 1985 - in conversation with) observed, "loss of identity is always lived as a danger because it always entails a jump into the unknown, into a not-yet-present cognitive domain" (p. 43). He suggested that an appropriate question in therapy would be to ask the client what she would sincerely want to conserve. By exclusion, this defines the domain of possible change in which the therapist can interact accordingly. For the women in this study, such a danger was expressed in their fear of weight gain. Thus, to direct an intervention at this level, negates the woman's desire for self-preservation. Only when other possibilities, other distinctions are open to the woman, is she able to risk or entertain such a jump. This, however, does not suggest that the women's weight should be ignored. While it is important to recognize and acknowledge her control over food, for some women weight loss may be at a critical level with medical intervention deemed necessary for their physical survival.

There is no one therapeutic approach which is more "right" or "correct" than any others. Each approach has inherent value, and its usefulness is measured by the passage of time. The therapist's structure will determine which approach is most "fitting" for him or her, and in essence, there are as many variations as the uniqueness of each therapist in accord with the uniqueness of each client. However, the more open one is to a variety of perspectives, the more richly one is able to be present with others. This requires a humility, an openness to not knowing, and a willingness to acknowledge that something might be different than once assumed. It embraces a reciprocity within the therapeutic relationship, and the willingness to embark on a journey of unknown destination.

It is because of our inherent plasticity as human beings that we have the opportunity for varied interactions, perturbations, and ontogenic structural changes. As such, we can participate within many different cognitive and phenomenal domains. The more varied one's definition, the more composite one's distinctions in the world, and the more possibilities to exist harmoniously with others. Through various paths, the women in this study were able to "let go" of their previous constructions, and in doing so created new ways of being, new distinctions in which life could be embraced with all its uncertainties, questions, and possibilities. As one of the women observed, "You don't have to be sick... there's something else in life. And you just have to get out and experience it." Or in von Foerster's words, "Act always so as to increase [your] number of choices" (1984, p. 60).

This manuscript came into being through a question which emerged for myself within my identity as a therapist. It grew from the seeds of curiosity, and a desire to more fully understand the experience of anorexia nervosa. As a result of the women's willingness to share their inner journeys, I feel I have a richer, more intimate appreciation of this tenuous terrain. But more importantly, in my struggle to bring meaning to the women's expressions, in my grappling with constructivist thought, I have emerged from this endeavor with a greater ease and appreciation of my own creativeness as a therapist. In reflecting upon my work, I am now less inclined to be caught into a need to do the "right" thing, to ask the "right" questions or find the "right" solutions. I have a renewed faith in my ability to connect with others, a greater openness to embrace uncertainty, a greater trust in who I am versus what I know. This has left me less preoccupied within the therapeutic encounter, and as such, more able to see and be guided by each client's unique inner resources and potentialities.

To genuinely open oneself to another, whether in the therapeutic context or any dimension of living, is to be confronted by the connectiveness of our humanness. Within this is the acknowledgment of responsibility, the recognition that my actions and reactions, the particular distinctions I draw, the particular choices I make in relation to another, help define and validate the other person's existence. As Maturana reminds us, the only world we have is the world we bring forth with others. This embraces a human-centered ethic, and restores the notion of love, that is, the acceptance of another, at the core of our humanity.

The story told within these pages is only one story amongst many. It is neither more or less legitimate than the others. However, it provides a different terrain, another possibility in which to understand the subtleties and complexities of the anorexic experience. While the patterns brought forth are offered to the reader for consideration, a few words of caution are deemed necessary.

This story evolved from the conversations with women who had experienced anorexia nervosa, but had found an exit from the experience. As such, these women form a unique population. Those who are embedded within the experience and unable to find such an exit, may or may not share a similar path. Further, in creating meaning from a group of conversations, the creator can never totally disentangle her own historical grounding from the observations made. Within this dissertation, the author forms the common thread which weaves its way between and amongst the women's expressions, and a such, becomes the filtering agent behind the distinctions brought forth. These patterns therefore should not be viewed in isolation from the context in which they arose. Placed in a different context, the patterns would undoubtedly take on a different hue. The various distinctions are therefore offered only as a tentative guide. Within this lies the invitation to allow this story to be further questioned through the filter of one's own experiences, and through an openness to the uniqueness of each woman who may present with a similar struggle.

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Appendix A

ADVERTISEMENT

I am a graduate student in Educational Psychology presently completing my doctoral dissertation. I am interested in interviewing women who have previously experienced **Anorexia Nervosa**, but now consider themselves recovered from this disorder. If you would be willing to share your unique experience with me, please contact Judy James at: 432-0856. Confidentiality is ensured.

Appendix B

CONSENT TO PARTICIPATE

I, ______________________________, voluntarily consent to participate in an interview with Judith E. James, a graduate student in the Department of Educational Psychology at the University of Alberta. The purpose of the study has been explained to me and I understand that the information given by me will be used solely for research purposes and published in the form of thesis or otherwise. I further understand that every effort will be made to remove all identifying information. I agree to allow the interview to be tape recorded with the understanding that the tapes will be erased when the research project is complete. If at any time I wish to withdraw from this research study, I understand this can occur without repercussion.

Date ________________________ Signed ______________________________

Witness ______________________________

Appendix C

DEMOGRAPHIC INFORMATION

Name:
Address:
Telephone:
Place of Birth:
Birthdate:
Nationality:
Ethnic Background:
Marital Status:
Educational (Occupational) History:

Present living arrangement: ____ with family

____ with roommate

____ with partner

____ alone

____ other (please specify)

Mother: age:

place of birth:

nationality:

ethnic background:

education:

occupation:

marital status:

Father: age:
place of birth:
nationality:
ethnic backgroung:
education:
occupation:
marital status:

Siblings: (sex, age, domicile)

What name would you like to be called in this study?

Appendix D

MEDICAL HISTORY

Name:

Age at onset of Anorexia Nervosa:

When diagnosed (if ever):

Diagnosed by: ____ family doctor

____ psychiatrist

____ psychologist

____ dietician

____ other (please specify)

Height at onset:

Weight at onset:

Maximum weight loss:

Duration of weight loss until restoration of normal weight:

Did you have any of the following symptoms? (If yes X)

- ____ loss of menstrual period which occurred .
  - ____ before onset (if yes, how long before)
  - ____ during or after weight loss
- ____ excessive exercising
- ____ episodes of extreme over eating (if yes, how often)
- ____ use of laxatives or diuretics (if yes, how often)
- ____ use of self-induced vomiting (if yes, how often)
- ____ insomnia (difficulties with sleeping)
- ____ feelings of depression
- ____ other (please specify)

Present Height: Present Weight:

Has normal menstrual cycle returned? ____ (If yes, for how long)

Treatment History (if any) for Anorexia Nervosa: (when began; professional(s) seen - i.e. physician, dietician, psychiatrist, psychologist, etc.; for how long; and, reason discontinued; medications taken if any).

Other comments (if any):

Appendix E

CONVERSATIONAL REFLECTIONS*

NAME:

DATE:

1. What was it like for you to speak with me about your experiences?

2. What impact, if any, did the conversation have on you? (i.e. on your thoughts, feelings, ways of looking at things, attitudes, new realizations, behavior, etc.) Please be specific.

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*Adapted from H. Bain (1986): Being Feminist: Living With A Man, Doctoral Dissertation, University of Alberta.

3. Do you think you've felt, said, or done anything differently as a result, or partly as a result of our conversation? Please explain.

4. If you were telling someone else who had also experienced anorexia nervosa about our conversation, would you recommend that she participate? Why or why not?

5. In light of your experience, have you any other comments or suggestions regarding the conversation?